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ABSTRACT

This volume describes and discusses six major proposals for a complete model system of day care for indigent children in West Virginia. The recommendations include: (1) developing more specific objectives to be accomplished for children, parents, care providers, and the state; (2) developing a public education program designed to help parents provide good developmental experiences, including day care when appropriate; (3) upgrading the three options of day care delivery (family group care, center care, home care) through inspections, continual inservice training, and evaluation; (4) developing staff education and training programs that are compatible with the objectives and delivery options available; (5) developing a monitoring and evaluation system; and (6) reorganizing state and area staff so as to delegate responsibility and provide the support necessary to carry out the other recommendations. Minimum standards are proposed for family group care, center care and in-home care. Appendices include a study of transportation in West Virginia, a list of recommendations for training child care workers, and an outline of recommended in-take and payment processes for use by state welfare personnel working with child care clients. (SB)

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"THE DAY CARE NEEDS OF THE INDIGENT CHILDREN OF WEST VIRGINIA, WITH RECOMMENDATIONS FOR A MODEL DAY CARE PROGRAM AND DELIVERY SYSTEM."

VOLUME 2

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PS 009119

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Atlanta, Georgia
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5. A PROPOSAL FOR THE PLANNED EXPANSION OF THE DAY CARE SYSTEM

These are six major proposals that are recommeded as necessary components in the expansion of day care into a complete model system. Each of these components will be described individually in the following pages and are listed here.

A. Objectives. Develop more specific objectives to be accomplished through the day care system for children, parents, providers of care, and the state.

B. Public Education. Develop a program of public education designed to help parents become better able to provide good developmental experiences to children including the use of day care, when appropriate.

C. Delivery Options. Upgrade three options for the direct delivery of day care: (1) Family Group Care; (2) Center Care; and (3) In-Home Care.

D. Staff Development. Develop education and training programs that are compatible with the objectives and with the delivery options available.

E. Monitoring and Evaluation. Develop a monitoring and evaluation system compatible with the objectives, the delivery options, and the staff development programs.

F. Implementation. Reorganize state and area staff in such a way as to delegate responsibility, and provide the support necessary to carry out the delivery options, the staff development training programs, and the monitoring and evaluation functions.

Recommendation A. Objectives. Develop more specific objectives to be accomplished through the day care system for children, parents, providers of care, and the state.

Since every aspect of a model day care system must flow from a set of more, or less, explicit objectives, we strongly urge that an organized effort to produce communicable statements of such objectives be undertaken immediately. In the absence of explicit objectives, it is extremely difficult to (1) design programs for children; (2) select child care workers; (3) develop training and educational procedures for child care workers, trainers, or parents; or (4) create a meaningful system of monitoring and evaluation. All of these items are essential components of a day care delivery system and each will be discussed in the recommendations which follow. Attending to the present recommendation, however, is of paramount importance.

Day care has been used, historically, to accomplish a variety of objectives and in recent years the expectations for day care outcomes have been substantially supplemented. These supplemental objectives have usually been related to an improvement in the learning skills of children, preparing children for future educational tasks, improving communication skills, and so on. These supplemental objectives have come about because of the increasing fear that we, as a society, may not be fostering the optimal development of our young--especially those born in less affluent circumstances. It is often the professional, however, who wants to add these more concrete, specific skill objectives into the

day care situation. Parents often believe that the objectives for day care can be much more limited. For many, it is sufficient if the caretaker can shelter, feed, and insure the safety of the child while the parents attend to other tasks. State officials may often view the objectives of day care from a different perspective. Day care has been used to provide additional members to the labor force in times of high need (e.g., during World War II), or it has been used to provide employment for indigent persons. Infrequently, day care has been used for human development, disease prevention, and early identification of correctable deficits.

The point to be made is that the objectives of day care have changed in the past ten years and that different objectives are expressed by persons who hold different relationships to day care (e.g., the actual caretaker versus the social worker). No one set of objectives for day care is correct. They are either acceptable or not acceptable in each community. There are acceptable ends to be attained by a variety of groups. But it is highly improbable that any group's objectives can be attained without clear, explicit, and public statements concerning them. We do believe it is possible to attain a variety of objectives within a day care system, if the number one priority is to foster more adequate development in the children served.

We, therefore, recommend that a series of statements be developed with respect to:

1. The objectives for children to be attained through day care services. As a basic starting point these objectives must be differentiated by the three basic

domains of human behavior, by three rough age demarcations, and according to one of the three day care options proposed. In addition, objectives for school-age children and for children with special learning needs must be included. A visual representation of the objectives needed is provided by the matrix in figure 7. Each cell of the matrix defines a set of objectives needed for a model system.

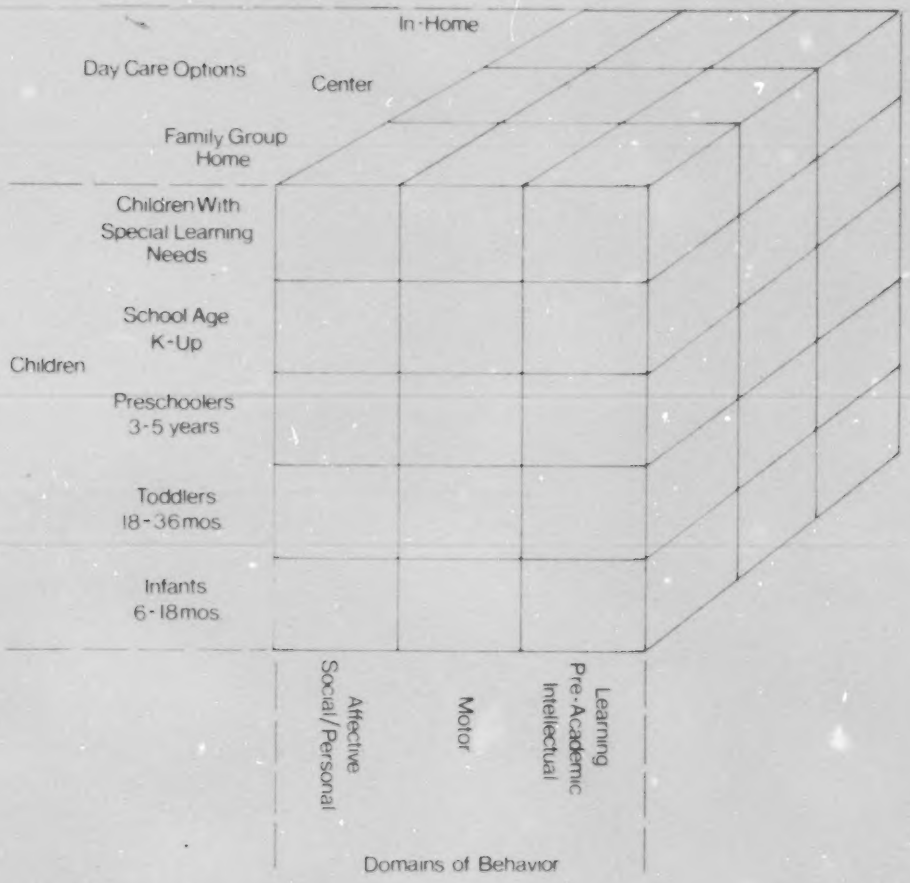

Figure 7 Basic Objectives for Children

2. The objectives for parents to be attained through the day care system. These objectives must include the following minimal considerations:
   a. The degree to which day care is to be used to provide employment opportunities within the day care system;
   b. The degree to which day care is to be used to enable parents to take advantage of training and employment opportunities;
   c. The degree to which the day care system is to be used to help parents gain skills in personal effectiveness and parental behavior;
   d. The degree to which the day care system is to fulfill some portion of the parenting tasks in helping children develop, i.e., to supplement the family as a socializer of children; and
   e. The degree to which day care is to be used to fulfill the parental role in the case of incompetent parents.
3. The objectives for the state to be attained through the day care system. These objectives must include the following considerations as a minimum.
   a. The extent to which day care is to be used as an economic force for reducing the case loads within the State Welfare Department;
   b. The extent to which day care is to be used as an economic force to hold young families in the state;

c. The extent to which day care is to be used as an early warning system to discover developmental disabilities;

d. The extent to which day care is to be used as one part of a complete early learning system available to all children and coordinated with health, mental health, nutritional, and educational programs developed through other agencies.

We recommend that a task force on objectives in day care be convened and that three sub-groups be formed to develop objectives appropriate for children, parents, and state, respectively. The task force should have direct access to persons who developed the Guidelines for Regional Early Childhood Education Demonstration Centers (Clay, 1970) since that group has experience in the specification of learning objectives and since both the day care system and the Demonstration Centers fit within the Comprehensive Child Development Plan (IAC, 1971). The task is of such importance that at least three staff members with early education, parent education, and human resources experience should be assigned to the sub-group for children: objectives, parent's objectives, and state's objectives, respectively.

We will also recommend that the authority and responsibility for this task be assigned to a state Day Care Director (see Recommendation VI) who would use the task force as an advisory group.

Recommendation B. Public Education and Awareness. Develop a program of public education and awareness designed to help parents become better able to provide good developmental experiences to children including the use of day care, when appropriate.

The information and recommendations gathered, analyzed and made in this section deal with the inherent problems and opportunies found during the past three months that relate to the need for the development of a strong public education and awareness program.

In analyzing the state's present day care needs our study discovered early and had borne out at the end that there is a general lack of knowledge among welfare recipients, potential recipients, and others with respect to the early learning needs of young children and the role that day care can play in providing some of these needs.

More specifically, through the scores of interviews conducted it was determined that there is reluctance to use out-of-home care for young children. This reluctance appears to be based on the following:

1. Day care is associated with mental retardation in some areas.
2. Day care is associated with welfare in some areas.
3. Day care takes the child away from his parents and may reduce family cohesion.
4. Day care should be the job of relatives, not outsiders.

In analyzing these four basic reasons for resistance, it becomes evident that the crux of the problem is based on a lack of understanding of:

1. What day care can be.
2. How day care can complement family life.
3. What day care can do for a child.

In our opinion these three questions must be answered in the terms and in the language that present and potential day care users can understand and relate to.

If in fact, these questions are not fully answered, the state will not have success in improving this needed service.

To insure that the public is educated about child development and day care we recommend that the following be done:

I. Attitude and Knowledge Survey

1. During the study certain attitudes of resistance toward day care were found to be prevalent. However, a comprehensive attitude survey was not undertaken. The study did not insure the accuracy needed on which to base the development of a public awareness/education program.
2. Consequently, we feel that an in depth attitude and knowledge survey should be conducted to determine exactly the key points of resistance toward day care and the major areas of child development that need to be considered.
3. The survey should commence prior to any paraprofessional training program (Recommendation D).

4. The survey should be conducted on a statewide basis with samples selected from within each of the 27 area offices.

5. The survey should be developed and analyzed by a professional firm. Such a survey is essential before an awareness/education program can be conducted. Without it the wrong information can be sent which may increase the resistance to day care and reduce parental acceptance.

The attitude and knowledge survey should determine at a minimum the following:

A. Attitudes toward discipline.

B. Level of health knowledge.

C. Knowledge of child safety.

D. Who presently keeps the children of working mothers.

E. Knowledge of how children learn.

F. Knowledge of nutrition factors.

G. The amount of resistance to day care.

H. The geographical areas and social and economic levels of knowledge and resistance to day care.

I. A ranking of categories of those opposed to day care.

J. A ranking of categories of those in favor of day care.

K. Key reasons for resistance.

L. Key reasons for those in favor.

In analyzing such a survey the following will become evident:

A. The level of child development knowledge.

B. The level of resistance to state provided day care.

C. Target audiences for awareness/education program concentration.

1. Where they are.
2. What social groups.
3. What economic levels.

II. Media Survey

A media survey should be conducted to determine the inventory of media available and the effectiveness of each in reaching the target audiences defined in the attitude survey.

At minimum the media survey should include:

A. A full inventory of media including:

1. Broadcast
2. Print
3. Direct mail capabilities in state

B. What target audiences (determined in attitude survey) read, listen to, and view.

C. Within the target audience, what media has the most credibility.

D. The effectiveness of each media in reaching the most citizens with the greatest needs.

III. Program Development

Based on the findings and analysis of both the Attitude and Knowledge, and Media Surveys, the implementation portion of the Public Awareness/Education Program should be developed and executed.

Based on the findings of what has already been studied a Public Awareness/Education Program should include a minimum of

the following:

A. The establishment of a Public Information Office.

B. Staffing - Designation of a Public Information Project Director who will be responsible for directing the implementation of the program.

1. General qualifications - the project director should have a minimum of three to five years experience in public relations/information at a relatively high level of responsibility, preferably with some exposure to mass persuasion programs.

2. General duties

a. Spokesman for paraprofessional training program to media.

b. Channel for all communications to public concerning program.

c. Direct the day to day as well as long range activities of the Public Awareness/Education Information Program.

d. Coordinate with paraprofessional training program director.

3. The director's staff

a. Public Information Assistant - The Public Information Director should initially have a staff of one full-time assistant, who will be generally responsible for executing and implementing the various activities of the Public Awareness/Education Information Program. The

assistant should have 1-3 years experience in the public relations information job fields.

b. Public Information Secretary

IV. The Broad Program

A. Establishment and Designation of Public Information Coordinators in each of the 27 area offices.

1. This person is most likely already on the Welfare Department staff in each area in which he is employed.

B. Development of Project Public Information Guidelines

These guidelines will be developed by the Public Information Office and be distributed to the Public Information Coordinators. These guidelines will:

1. Define the project in terms that relate to the various target publics defined by the Attitude and Media Surveys.
2. Define day care as it relates to the target publics.
3. Contain basic press information kits on the project detailing its goals and objectives.
4. Establish the public information policy for the project.

C. Development of Press Briefing Material. This material is the key to future rapport with a very influential group. The press should be briefed prior to any release of any information about the project.

This material should contain the following:

1. Complete background on the project, its goals and objectives.
2. Clear definition of day care as it relates to the public.
3. Outline of the entire welfare/day care package as instituted in West Virginia.
4. An outline of the scope of the project with a general schedule of procedures that will be followed.

D. Press Briefings

A press briefing should be conducted with key press members across the state to insure that they understand what is taking place. Materials developed under C. should be handed out. Appropriate representatives of the Welfare Department should be present.

E. Development of statewide speaking engagements before organizations such as:

1. Educational community
2. Business groups
3. Labor unions
4. PTAs
5. Women's organizations
6. Civic clubs

F. Development of Visual Aids

This should be done to insure that the information

put forth is done so in a way that relates to the target publics. A professional group should be used to develop these aids. These visual aids should include:

1. Slide shows which explain the basic guidelines sent to the Area Public Information Coordinators throughout the state.
2. Films on child development, health, safety, nutrition and other related concepts.
3. A film that also explains the benefits of day care and how it relates to the various target publics.
4. A basic brochure on day care and its benefits in language that relates to the target publics.

G. Development of a Public Service Announcement Campaign

This would include developing radio tapes, short TV spots, and Day Care identification slides.

Each station, TV and radio, is required by law to devote so much of its air time to public service. The materials described both here and under F above could be used by these media during public service air time. The benefits of such public service time is that it would give the program tremendous exposure for a small expenditure of money. Stations would, after having been briefed as discussed under D. above, be more than happy to cooperate with the state and they would get credit from the FCC for doing so.

H. Publicity Program

A continuous publicity program should be developed to supply day care information stories to all media for example:

1. Feature pieces developed for print on day care, early learning, or other child development topics.
2. Panel shows developed for television on child development and day care and what quality programs can mean for the state.
3. Panel shows for radio stations that discuss the program and day care.

I. Continuing Public Information Program.

What is outlined above must be developed at the outset if the public is to be informed of child development concepts and day care services of the state.

As with many public information programs, if this information is not scheduled and disseminated on a continuing basis the message will not get through. Planning and execution must be carried out on a regular basis. This effort must be made to insure what is gained at the outset is not lost in the long run.

RECOMMENDATION C: OPTION I, FAMILY GROUP CARE It has been assumed that all child care services and programs, disregarding the location, setting, or size of the facility, should have equivalent standards for certain key elements of their operation. These critical elements will provide a desirable commonality of specific and less tangible inputs and learning opportunities which should not be denied the child. In essence, they represent the minimum level of child care and form the foundation of the day care system. From this base, each type of day care within the system offers a unique combination of physical setting, caretaker abilities, and scope of program. Each combination derives its quality and effectiveness from the resources at its disposal. The non-center based models for In-Home and Family Group Care and recommendations have been designed with these factors in mind. These models and recommendations when fully implemented will help to:

1) Provide the necessary developmental opportunitites for children whose parents cannot, or do not wish to, take advantage of center programs.
2) Prevent many situations that could be physically harmful to the child.
3) Increase and support the role of parents in day care.
4) Promote uniformity and superior day care services to children, parents and the State of West Virginia.

The Family Group model is presented as Proposed Minimum Standards for Family Group Care and The Process of Upgrading Family Group Homes (Exhibits 1 and 2). The model cannot be completely implemented in a short period of time without seriously disrupting the present system. Some portions of the model do lend themselves to immediate adoption, however, with the realization that some existing vendors will have to be phased out and others brought up to these standards gradually. New day care providers whould meet the revised standards before they begin operating.

In West Virginia, Family Group Care is the most desirable and feasible kind of day care service for accomodating the majority of children in the present and expanded system. It capitalizes on the rural, economic and cultural realities of most of the state and is accessible to those who need it. Family Group Care in the model is licensed rather than approved by the West Virginia Department of Welfare and will include day care vendors previously classified as neighborhood and family care providers. These existing vendors should be brought up to the proposed standards and licensed. When a Family Group Care Home is licensed, a certificate similar to the Adult Family Care Certificate (A5-1A) should be awarded in recognition of achieving the minimum standards and signed by the Area Administrator. This certificate would state the maximum number of children to be cared for in the home.

The maximum number of children enrolled is related to the adequacy of play space in each individual home as determined by the Day Care Specialist. The initial inspection and licensing of all family group caretakers is to be conducted at the Area Office level by an Area Day Care Specialist. This specialist's duties include recruitment of family group applicants as a part of the general public awareness programs outlined in Recommendation 5B. Through this program, the public will be informed of the features of family group care and the service it can provide.

Family group care is essentially a mini day care center and its use should be encouraged in areas where a larger center cannot be established. It is likely that some of the new children in family group care will not be Welfare Department assisted children, as has been the pattern in the past, but the responsibility for their care and welfare is no less.

The Area Day Care Specialist will ensure that each licensed home is visited monthly and evaluated. If minimum standards are consistently abused or violated, the Day Care Specialist can and should initiate the established license revocation process. This process is similar to that established for day care centers. Written notice is sent 30 days prior to the revocation and the caretaker is given an opportunity to appeal to the Licensing Unit at the State level in Charleston.

The minimum standards define general and specific policies for the regular operation of the home, as well as for emergencies, should these occur. These standards assure

that the caretaker and home are adequately governed, reduce the health, fire and safety risks of the home environment, and define specific program and day care guidelines.

We recommend that the existing Home Repair Program be expanded for selected Family Group Homes to upgrade these facilities where no alternative homes are available. This could be an outright grant, the investment could be deducted from the caretaker fees paid by the Department of Welfare, or a combination of both. The physical improvements should be restricted to fire safety, health, buildings and grounds, and sanitation.

It is also recommended that the required physical examinations for Family Group Caretakers be provided by the Department of Welfare through the county health clinics, hospitals or direct subsidy.

Family Group Caretakers should be provided with simple learning and playing material kits on a monthly loan basis in conjunction with the on-going in-service training programs for the use of these materials. The in-service training program, kits, and the role of the Day Care Mother Advisor is elaborated in Recommendation 5D, Staff Development.

All Family Group Caretakers are required to receive basic and periodic early childhood education training and demonstrate competence in a common core of skills and knowledge which include:

I. General Knowledge

1. Policies

a. Health

b. Safety

c. Fire Prevention

d. Nutrition

2. Child Development

II. Curriculum for Children

III. Planning for Children

IV. Interacting with Children

V. Assessing Children

VI. Attitudes and Ethics

VII. Evaluation

Family Group Caretakers who receive training, comply with the minimum standards, and implement the skills learned in training should be paid above the current $3.00 per day per child.

Formal parent-caretaker conferences are required at least quarterly which will elicit and enhance greater parent involvement. The conferences will enable the parents to periodically assess the program progress and needs of their children. It will be supplemented by the caretakers' regular written evaluation of the child. The quarterly conferences should include the social services caseworker when appropriate. The conferences will constitute one aspect of the Day Care Specialists' regular evaluation of the Family Group Home. For greater discussion see Recommendation 5E, Evaluation and Monitoring.

It is further recommended that when a facility and caretaker are found who could safely and adequately care for more than 6, and up to a maximum of 10 children, that

special provision be made for this. These exceptions would require a close look at the facility in terms of fire safety and permission from the State Fire Marshal to permit this use. To minimize the number of licensed caretakers and the burden on the Area Office personnel with respect to the training and evaluation requirements, Family Group Caretakers should be encouraged to care for as many children as possible within the limits of the standards.

EXHIBIT 1

PROPOSED

MINIMUM STANDARDS FOR FAMILY GROUP CARE

FAMILY LEARNING CENTERS, INC.

February, 1973

MINIMUM STANDARDS FOR FAMILY GROUP CARE

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MINIMUM STANDARDS FOR FAMILY GROUP CARE

I. FAMILY GROUP CARE

1. The family group home shall meet all laws, regulations, rules and ordinances of state, local, and federal governments which apply to its operation.
2. The family group caretaker shall be legally responsible for the home and the children in her care.
3. At least one adult shall be present with the children at all times. A written plan shall be made to obtain additional adult help during emergencies. Children shall at no time be left in the care of anyone under sixteen years of age.
4. There shall be on file medical reports certifying that members of the family group home are free from communicable and contagious disease. A physical examination shall be required annually.
5. The family group home shall report to the Area Day Care Specialist within twenty-four hours, the following:
   a. Change of ownership or address, or closing of home.
   b. Serious injury or death of any child while in the home.
   c. Any fire.
6. The family group caretaker shall have standard liability insurance coverage for the protection of both the child and family group caretaker in

case of accident or injury.

7. The family group home and caretaker shall be monitored and evaluated monthly by the Area Day Care Specialist.

8. Formal parent-caretaker conferences shall be held at least quarterly.

II. ADMISSION OF CHILDREN

1. Adult-Child Ratio

   a. Infancy through 6 years. No more than two children under 2 and no more than five in total, including the family group caretaker's children under 14 years old.

   b. Two through 14 years. No more than six children, including the family group caretaker's children under 14 years old.

   c. The maximum number of children enrolled shall be related to the adequacy of play space in each individual home as determined by the Day Care Specialist. The maximum shall be stated on the Family Group Care License.

2. The family group home shall develop and follow a plan for enrollment of children. This plan shall include an interview with the parent or guardian of the child for the purpose of securing from the parent the following information and signed agreements:

   a. Age, physical condition, and emotional assessment of the child.

b. Name, address and telephone number at home and at work for parent or guardian.

c. Signed agreement between parent and family group home which includes name, address and telephone number of person or persons to whom the child may be released; name, address and telephone number of persons to be called in emergency when parent cannot be reached; permission for the family group home to secure medical help in case of emergency.

d. Responsibility for escorting child to and from transportation vehicle if transportation is provided.

3. All children shall have a physical examination prior to enrollment and a signed statement from a physician indicating the child is free from communicable or contagious diseases. A physical examination is required annually (preferably every six months for the child under two years of age) and any time the child's general condition indicates the need while the child is in care.

III. CARETAKER AND STAFF QUALIFICATIONS

1. The staff in a family group home shall consist of the day care parent and the helping persons necessary to meet the needs of the children enrolled. If the caretaker is the sole person providing care, she must be able to secure the services of responsible persons who have agreed in writing to be

available to assume responsibility in time of emergency.

2. The Family Group Caretaker and staff shall be certified through pre-service and in-service training programs that include:
   a. What Infants need to learn.
   b. What Toddlers need to learn.
   c. What Preschoolers need to learn.
   d. Basic first aid instruction
   e. Basic fire, health, and safety instruction.
   f. How to plan for children
   g. How to interact with children.
   h. How to assess children

   If such training is not available, this requirement may be waived until training is available.
3. The caretaker must be at least 21 years of age and no more than 65 years of age. An exception to the upper age limit may be made if the Day Care Specialist's observation and a physical examination by a licensed physician indicate that her health is adequate to meet the needs of young children.
4. The family group caretaker shall cooperate with agency service workers and parents of the children.

IV. RECORDS

1. The family group home shall keep the following records:
   a. Records of individual children including:

1. Identifying information (child's name, birthdate, parents or guardian's name, home and business address, telephone numbers).
2. Name, address and telephone number of persons to contact in emergencies.

2. A signed statement from a physician indicating that the child is free of communicable or contagious disease.
3. Description of accidents or illnesses occurring while child is in the day care home--including date, time and conditions under which it occurred and action taken.
4. Written child progress notes and observations to be shared with parents and social service workers every four months during the parent-caretaker conferences.

V. HEALTH AND SAFETY

1. The family group caretaker shall work toward protecting, maintaining and improving the health of children while they are in the home.
2. The family group caretaker shall have an arrangement with a nearby physician, clinic, or hospital so that immediate treatment can be obtained in emergencies.
3. No medication shall be given at the family group home except by written authorization of a physician or the parent.

4. Any child showing symptoms of illness during the day shall be removed from the group to a quiet area where he shall receive necessary attention until such time as the home and his parents can make plans for his care elsewhere.
5. The family group caretaker shall help children acquire habits of good hygiene, techniques of accident prevention, and skill in care of simple injuries.
6. A first aid kit equipped with soap, antiseptic, scissors, band aids, sterile gauze squares, adhesive tape and tweezers shall be maintained. The family group caretaker and staff shall be certified in basic first aid procedures.
7. A child suffering from a physical or emotional handicap shall not be admitted to a home where there are other children unless plans are based on competent medical advice.
8. Parents or guardians of all children enrolled shall be notified when a communicable disease has been introduced into the home.
9. Parents shall be notified immediately of any illness or injury.
10. Medicines, poisons, firearms, cleaning substances and other potentially dangerous articles shall be kept inaccessible to children.

VI. NUTRITION AND FOOD SERVICE

1. Meals served in the family group home shall be planned with the child's daily food needs in mind.
2. For children under one year of age, the family group caretaker shall secure from the parents a formula and feeding plan. This plan shall be on file in the home and followed in detail. Formulas shall be clearly identified. In planning diet, the introduction of solid foods, etc., the family group home shall follow the recommendations of the child's parents. Infants shall be fed individually and preferably shall be held while fed.
3. Children who are in care five or more hours shall have one-third of their daily food needs supplied by the family day care home. This shall include a nutritious mid-morning snack or breakfast, a noonday meal (preferably hot) and a mid-afternoon snack, or supper, depending upon hours of care. Children shall be served a minimum of 8 oz. of whole milk per day. (Soft drinks, candy, potato chips, etc., are not considered to be nutritious snacks). A balanced meal shall include one item from each of the four basic food groups.
4. Meals shall be attractively served in an atmosphere which is comfortable and relaxed.
5. There shall be proper provisions and refrigeration for the care of perishable foods and milk.

6. Food equipment shall be:

   a. Clean to sight and touch.

   b. Kept out of children's reach.

   c. Safe.

VII. PROGRAM

1. When planning the child's day, the family group caretaker shall consider the age and developmental level of children, the needs of individual children, the experience offered children in their home, and the goals which children's families have for them.

2. The family group caretaker shall make provision for alternate periods of active and quiet play. There shall be quiet periods before lunch, before and after unusually stimulating experiences and after vigorous play.

3. The family group caretaker shall:

   a. Encourage children to help themselves in washing, dressing, toileting, etc.

   b. Permit children to go to the toilet and get water as they feel the need.

   c. Make provision for active and vigorous play such as water play, pounding, moulding clay, digging, etc., and provide suitable space and equipment.

   d. Make provision for the children to spend a portion of each day outside when weather permits.

   e. Spend at least one hour per day in direct interaction with each child.

4. The family group caretaker shall avoid:
   a. Using any disciplinary techniques which are hurtful, frightening, mentally or physically injurious, or humilating to the child; associating punishment with food and rest; associating punishment with illness or toilet training.
   b. Formal instruction in academic subjects beyond the developmental level of the children.
5. With parents' approval, children should have opportunity to participate in activities away from the home such as trips to the store, to a park, etc.
6. There shall be a supervised nap period during the day for pre-school age children.
7. Provision shall be made for each infant to spend at least one hour of each day outside the crib or playpen.

VIII. EQUIPMENT

1. There shall be in the family group home furnishings and equipment sufficient in quantity to insure that each child shall have opportunity to participate in many kinds of activities appropriate for his developmental level. Equipment shall be kept clean and in usable condition, stored in such a way that it is accessible to the children.
2. Provisions shall be made for each child to have a comfortable place to nap. Nap equipment shall be

kept clean.

3. Each child shall have anindividual drinking cup.
4. There shall be a telephone accessible to the family day care home.
5. Some equipment from each group listed in Appendix A must be provided. Many pieces of equipment can be home made.

IX BUILDING AND GROUNDS

1. Any floor defects such as loose tiles or broken boards shall be repaired before children are accepted into the home.
2. All broken steps, railings, or doors shall be repaired before children are accepted into the home.
3. Floors, walls, and ceilings shall be kept reasonably clean.
4. The family day care home shall provide at least one room in which children may play energetically without undue restrictions.
5. The home shall be adequately heated and ventilated.
6. Special approval shall be obtained for rooms more than three feet below ground level to be used by children. To be considered for approval, these rooms shall be warm, dry, well ventilated, and well lighted.
7. There shall be at least one indoor toilet and one handwashing facility available for children's use.

X. FIRE SAFETY

1. All fireplaces, open-faced heaters, stoves, and hot radiators in rooms used by children shall be:
   a. Adequately protected by guards.
   b. Positioned to give adequate clearance from combustibles such as clothes racks, curtains, furniture, beds, etc.
2. There shall be at least two unobstructed, reasonably convenient exits from the areas used by the children.
3. Fastening devices on exit doors shall be easily opened.
4. The home shall be free from an accumulation of trash, particularly near the chimney, furnace, water heater, or stove, and chimney shall be clean and in good condition.
6. The furnace or heating system shall be inspected and certified annually to assure proper functioning.
7. Fully charged approved fire extinguisher(s) shall be placed in the home.
8. The home fire and safety check list shall be given to the caretaker and reviewed with the caretaker by the inspector.
9. If light circuit fuses are in excess of 15 amperes, there shall be a safeguard of approved circuit breakers.
10. All extension cords shall:
    a. Be in good condition (no frays or broken plugs)

b. Not be hooked over nails.

c. Not be placed under rugs.

11. Flammable liquids shall not be stored in the home.

12. The home shall be kept free of makeshift heating or cooking devices other than electrical.

13. All electrical outlets and extension cords shall be free from overloading.

XI. OUTDOOR PLAY SPACE

1. The outdoor space shall be safe, easily supervised and located adjacent to the family day care home.

2. The grounds shall be kept clean and free from litter.

XII. SANITATION

1. The home shall have a water supply that has been approved and tested by the West Virginia Department of Health.

2. The home shall have adequate and sanitary sewage disposal.

3. The home shall be safely screened.

4. There shall be no unpleasant odor around garbage cans.

5. There shall be a satisfactory method of garbage disposal.

6. There shall be a sink and adequate hot water supply to sterilize cooking and eating utensils.

7. Sink and surrounding area shall be clean and free from odors.

8. Bathroom toilet shall be kept clean.

9. Mattresses and bedding used by the children shall be kept clean and free from odors.

XIII. TRANSPORTATION

1. A family group home which provides transportation services shall supervise the transportation so as to preserve the health, safety and comfort of the children.

2. All drivers of vehicles transporting children of day care facilities shall comply fully with the West Virginia Motor Vehicle Laws.

3. The children and drivers involved in day care transportation must be properly covered by insurance. Amounts of insurance shall be determined by the Insurance Commissioner and the Department of Welfare.

4. Station wagons, vans, sedans, or the private automobile used for transportation of not more than 9 persons exclusive of the driver shall have school bus signs visible from the front and rear of the vehicle.

5. A transportation schedule shall be arranged so that no child will regularly travel more than 45 minutes one-way between his home and the home.

6. If more than one infant is transported, there shall be a minimum of one adult for every two infants.

7. The transporting vehicle shall be kept clean and at moderate temperature during cold weather.
8. A child must be picked up and delivered to the same side of the street on which he lives. The person responsible must see that the child is delivered safely in the home.
9. All children and adults must be seated until destination is reached. All safety features including seat and shoulder belts should be utilized at all times.
10. At no time shall children be left unattended in a vehicle.
11. Doors shall be opened and closed by the driver or by the attendant, and no obstacle shall obstruct clear passage to any doors.

APPENDIX A

EQUIPMENT FOR CHILDREN

Some equipment from each of the groups listed below should be provided. Many pieces of this equipment can be homemade.

MANIPULATIVE

Wooden puzzles
Lego
Tinker toys
Peg boards/pegs
Beads or spools to string
Pounding board
Parquetry blocks
Lacing boot
Hammer and nail sets
Busy board (lock board)
Nuts and bolts
Balancing clowns
All by himself and herself books
Bag-o-blocks
Prisms
Magnifying glass
Tuning Fork

DRAMATIC PLAY

Dress-up clothes and costumes (Men and women)
Jewelry, shoes, purses, hats
Dolls and doll clothes
Doll beds
Mirror
Iron
Ironing board
Telephone
Rocking chair
Cuddly toys
Pots and pans
Tea sets
Small tea table/chairs
Child-size stove, cupboard, sink, refrigerator
Broom, mops, dust pan
Assorted food cans, boxes, paper bags, etc.

SCIENCE

Color paddles
Aquariums/fish
Pets--~~turtle,~~ bird, fish
Cages for insects, pests, etc.
Plants
Magnets
Flash light
Cooking utensils for cooking experience
Gardening tools
Old clock, radios, etc. to take apart
Other nature and science items grown and collected by teacher and children
Kaleidoscope
Top

BLOCK BUILDING

Unit blocks
Hollow blocks
Cardboard block busters
Transportation toys--large and small trucks, trains, tractors, planes, etc.
Wood or rubber people
Wood or rubber animals

OTHER

Puppets
Play money and cash register
Punching bag
Play screen for stores, puppets, etc.

MUSIC

Record player
Assorted records
Rhythm instruments
Autoharp or other instruments

BOOKS

Storybooks
Magazines
Catalogs

CREATIVE ACTIVITIES

Clay
Play dough
Crocks, jars, etc. for clay storage
Paste
Large crayons
Chalk - colored
Tempera paints
Scissors, blunt point
Long handle brushes, soft and bristle
Large pencils
Finger paints

Paper: Newsprint
Manilla
Finger Painting
Construction
Sponges
Easel
Smocks
Collage

WOOD WORKING

Work bench/vise
Hammers
Nails and tacks
Saw
Screw driver
Ruler
Soft wood
Sandpaper
Paints
Wheels, bottle caps, strings, etc.

INFANTS (Categories--soft washable, chewing, creeping noise)
Mobiles
Teething toys
Cuddly toys
Dolls
Pictures
Balls, med. sized, soft
Rattles
Cloth books
Baby walker
Rider truck

OUTDOOR

Bean bags
Balls
Jump rope
Swings
Mounted steering wheel
Large building blocks
Sand box
Sand toys
Tricycles
Jungle Gym

OUTDOOR

Wheel barrow
Wagons
Climbing equipment
Large wood boxes
Boards, planks, ladders
Barrels, pipes, drums
Tubs, pans, hose, etc. for water play
Play house

GAMES FOR SCHOOL AGE

Pick up sticks
American logs
Card games, e.g., Old Maid
Parchesi
Lotto
Anagrams
Scrabble
Dominoes
Bingo
Marbles
Puzzles
Assorted games, e.g., checkers,
Uncle Wiggly, Candyland

TODDLERS (Categories--Action
Creative, Dramatic)

Riding toys
Push toys
Pull toys
Snap beads
Indoor Climbing Equipment
Lacing shoe
Telephones
Dolls
Cuddly toys
Pounding board
Colorful, simple books
Balls--big, rubber
Stack toys
Beads to string
Simple wood puzzles
Block busters
Blocks
Lock boards
Giant magnifying glass
Mirror
Noise making toys

APPENDIX B

WEST VIRGINIA DEPARTMENT OF WELFARE

IN-HOME AND FAMILY GROUP DAY CARE HOMES

CARETAKER APPLICATION AND

INSPECTION CHECK LIST FOR FIRE, SAFETY, SANITATION

NAME OF CARETAKER_____ TYPE In-Home___ Family_____

ADDRESS_____ TELEPHONE _____

DATE OF INSPECTION_____ AREA OFFICE_____

APPROVED _____REINSPECTION DATE_____

CONDITIONALLY APPROVED_____REINSPECTION DATE_____

NOT APPROVED _____

DEFICIENCIES AND RECOMMENDATIONS:

INSPECTION BY_____

TITLE _____

CARETAKER APPLICATION

NAME OF APPLICANT_____ DATE_____

ADDRESS_____ TELEPHONE _____

_____ FAMILY GROUP_____

IN-HOME _____

HIGHEST LEVEL OF EDUCATION ATTAINED 4 5 6 6 7 8 9 10 11 12 1 2 3 4

DESCRIBE ALL CHILD CARE RELATED TRAINING AND INSTRUCTION:

Yes____No____ Is applicant willing to participate in child care training?
Describe all child care experiences:

Yes____No____ Has applicant been approved as a caretaker previously?

Date approved_____ Date terminated_____
Reason for termination:

____ How many children is applicant willing to care for?

Yes____No____ Will the applicant care for children outside of her family?

Yes____No____ Does the applicant have standard liability insurance for her home?

Yes____No____ If no, is she willing to purchase minimum coverage?

Yes____No____ Has applicant received a physical examination including tests for T.B.?

If Yes: Name of Physician_____

Address_____

Date of Physical_____

Yes____No____ If No: Has appointment and transportation been arranged?

Yes____No____ Did the applicant pass the physical examination?

Yes____No____ Does the applicant's past health history indicate she can provide consistent care?

Yes____No____ Does the applicant appear to enjoy caring for children?

Yes____No____ Can she offer consistent supervision and discipline?

Yes____No____ Does the applicant demonstrate a genuine interest in children?

Yes____No____ Is the applicant free from obvious bizarre behavior and mannerisms?

If No describe:

Yes____No____ Is applicant willing to cooperate with agency service workers and parent of the children?

FIRE

No	Yes	
		1. Are fireplaces, open-faced heaters, stoves, hot radiators in rooms used by children:
____	____	a. Adequately protected by guards?
____	____	b. Positioned to give adequate clearance from combustables such as clothes racks, curtains, furniture, beds, etc.?
____	____	2. Are there at least two unobstructed, reasonably convenient exits from the areas used by the children?
____	____	3. Can fastening devices on exit doors be easily opened?
____	____	4. Is the home adequately heated and ventilated?
____	____	5. Is the home free from an accumulation of trash, particularly near the chimney, furnace, water heater, attic, basement, and closets?
		Note exceptions: _____
____	____	6. Are the flues and pipes from the furnace, heater, or stove, and chimney clean and in good condition? Note exception: _____
____	____	7. Is the furnace or heating system inspected and certified annually to assure proper functioning? Date of last test _____
____	____	8. Fully charged approved fire extinguisher(s) in the home? Date of last test _____
____	____	9. Has the home fire and safety check list been given to the caretaker and reviewed with the caretaker by the inspector?
____	____	10. Are the light circuit fuses in excess of 15 amperes? If yes, is there the safeguard of approved circuit breakers?
		11. Are all extension cords:
____	____	a. In good condition (no frays or broken plugs)
____	____	b. Hooked over nails?
____	____	c. Under rugs?

NO YES

___ ___ 12. Are flammable liquids stored in the home? If yes, are they kept in tightly closed metal containers?

___ ___ 13. Is the home free of makeshift heating or cooking devices other than electrical?

___ ___ 14. Are all electrical outlets and extension cords free from overloading?

DWELLING SAFETY

___ ___ 1. Are there any floor defects such as loose tiles or broken boards?

___ ___ 2. Are there any broken or missing steps, railings, or doors?

___ ___ 3. Are medicines, poisons, firearms, cleaning substances and other potentially dangerous articles inaccessable to children?

___ ___ 4. Is there an arrangment with a nearby physician, clinic or hospital so that immediate treatment can be obtained in emergencies?

___ ___ 5. Are floors, walls, and ceiling reasonably clean?

___ ___ 6. Is there a first aid kit equipped with soap, antiseptic, scissors, band aides, sterile gauze squares, adhesive tape, disinfectant and tweezers on the premises?

___ ___ 7. Is the caretaker certified in basic first aid procedures?

SANITATION

Water supply source_____.

If water supply is from a well, has well been approved and water tested by the West Virginia Department of Health.
Date of last test:_____

Type of sewage disposal_____.

___ ___ Is it adequate and sanitary?

GENERAL SANITARY CONDITION OF HOME AND PREMISES

No	Yes		
____	____	1.	Is the house safety screened?
____	____	2.	Is a satisfactory method of garbage disposal used? What is the method _____.
____	____	3.	Is there any unpleasant odor around garbage cans?
____	____	4.	Is there a sink and adequate hot water supply to sterilize cooking and eating utensils?
____	____	5.	Is sink and surrounding area clean and free from odors?
____	____	6.	Is the bathroom toilet clean?
____	____	7.	Are the mattress and bedding used by children clean and free from odors?
____	____	8.	Is there refrigeration for the care of perishable foods?
		9.	Is the food equipment:
____	____		a. Clean to sight and touch?
____	____		b. Out of children's reach?
____	____		c. Safe in appearance?
____	____	10.	Does housekeeping (walls, floors, clutter, storage) meet acceptable standards? If no describe shortcomings: _____ _____ _____

____ 11 Phone in working order & accessable to area when clubs are supervised?

EXHIBIT 2

THE PROCESS OF UPGRADING

FAMILY GROUP HOMES

THE PROCESS OF UPGRADING

FAMILY GROUP HOMES

1. The Area Office Day Care Specialist will initiate the following procedure to upgrade and license current homes and to license new homes.

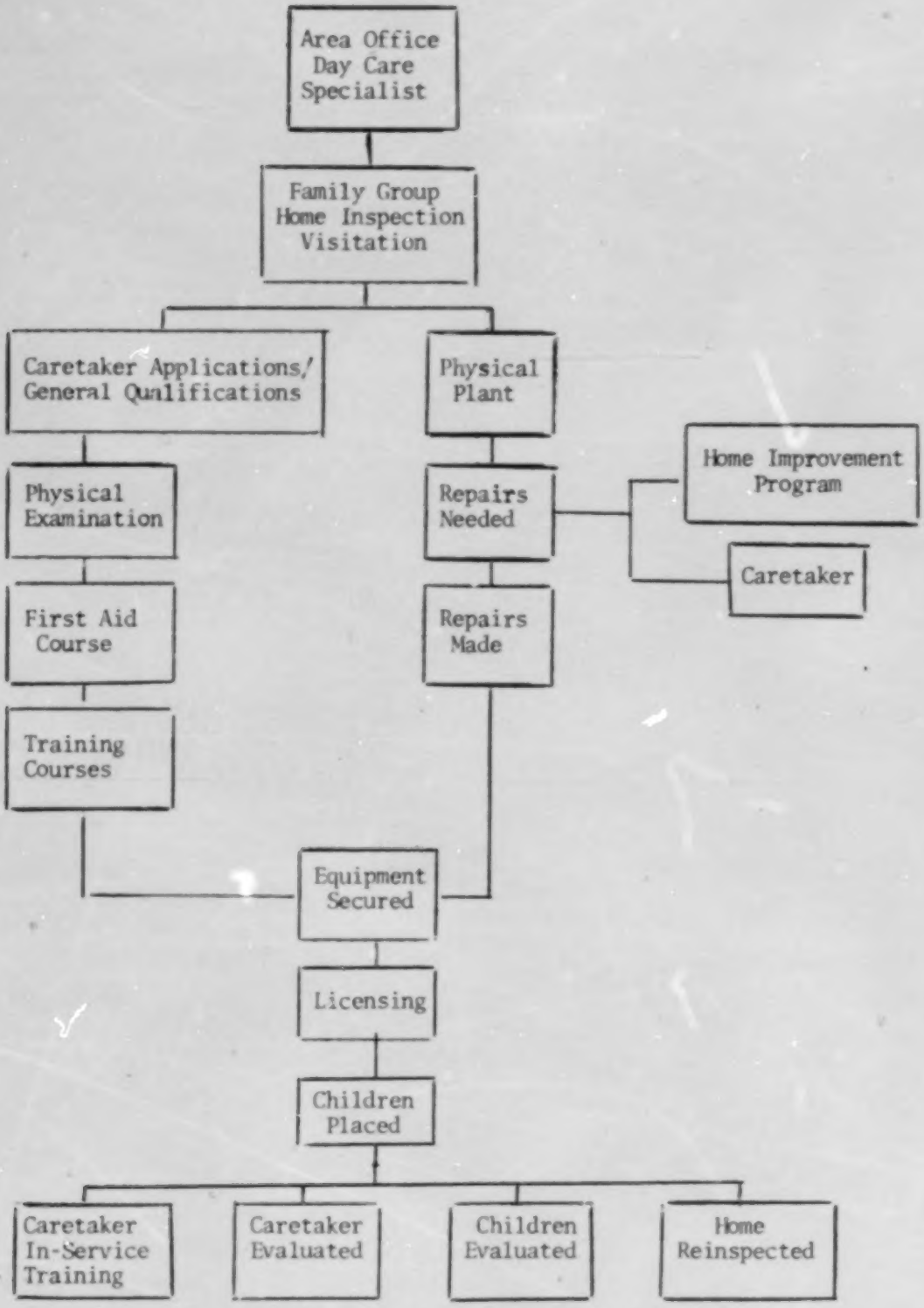
2. Each Family Group Home will be visited in order to evaluate the caretaker and to inspect the home.

3. The following chart outlines the areas of concern. At any one point licensing may be terminated if either the caretaker or home fails to meet the proposed standards.

4. New homes are licensed prior to the placement of the children and only after all standards have been met.

5. After the placement of the children, the caretaker will continue in-service training. Periodic evaluation will be made of her, the children, and the home by the Day Care Mother Advisor and the Area Office Day Care Specialist.

6. The same procedure should be used for upgrading In-Home facilities and caretakers utilizing the In-Home standards.


Area Office Day Care Specialist
Family Group Home Inspection Visitation
Caretaker Applications/ General Qualifications
Physical Plant
Physical Examination
Repairs Needed
Home Improvement Program
Caretaker
First Aid Course
Repairs Made
Training Courses
Equipment Secured
Licensing
Children Placed
Caretaker In-Service Training
Caretaker Evaluated
Children Evaluated
Home Reinspected

Recommendation 5C. Option II Day Care Centers. The following center based day care model includes recommendations for upgrading and expanding the scope of day care services in the existing system and addresses itself to the following:

1. Organizing and administering day care centers:
   a. Involvement of parents;
   b. Alternatives for transportation;
2. Improving the physical facility to meet the proposed minimum standards as they relate to fire, health, nutrition, and safety;
3. Improving staff qualifications and adult-child interaction;
4. Delineating and expanding the program for children; and
5. Creating a monitoring and evaluation strategy.

The State Licensing Board for Child Welfare Agencies issues the child-caring license to day care centers. By definition, it is the responsibility of this agency to see that licensing requirements are met. Therefore, we recommend that the Proposed Standards and Requirements for Day Care Centers (Exhibit 1) be considered and adopted by this agency. These Standards provide for the developmental care of children in day care situations. These proposed standards reflect services to children in a day care center, with the realization that no standards can be so comprehensive as to cover every possible contingency.

Organization and Administration

Day care center directors should meet all requirements outlined in the proposed standards and, in addition, be required to participate in a training program designed to include basic managerial techniques, such as staff differentiation, management and evaluation of resources, fiscal planning, and implementation and evaluation of programs for children. These skills are basic to the operation and effective management of a day care center. We recommend that directors provide all staff members with written job descriptions and periodically, on the basis of the job description and other observations of behavior, evaluate each staff member concerning the strengths and weaknesses of staff members and help identify in-service training needs. The director is responsible for providing or securing the necessary training.

The board of directors should be a functioning, integral part of the day care center. Privately owned centers who presently are not required to maintain a board of directors should have an advisory board in order to assure high quality in the private centers. Advisory boards and boards of directors should meet at least quarterly and should have at least one parent who has a child enrolled in the center represented. Parent involvement in board activities can foster better community relations and help the board members view the center program from the client's perspective. Parent involvement is necessary if day care centers are to complement family functioning. Parents should be involved in the decisions affecting

their child from the time of intake to the termination of care. There must be opportunities for parents to visit the facility to observe the child and learn more about the program, to schedule conferences, and to make suggestions and recommendations. There should be, in addition to conferences requested by parents, regularly scheduled meetings attended by parents and staff members. These should be held at least quarterly to enable parents to learn about the goals of the day care service and the daily schedules of their children. Parent meetings should help parents understand the developmental needs of their children, the stages of child development, common childhood problems, and their own role as parents. Parents should be encouraged to volunteer their services to the center, as their time permits.

We recommend that day care centers be allowed to offer services for children from age six months through 12 years provided appropriate curricula are developed. Centers should maintain hours which will serve the working parent. Recommended minimum hours include 7:00 a.m. until 6:00 p.m. Day care services should be made available for those parents who work on weekends, or at night, and who wish to use a day care center for child care services.

We recommend, based on evaluation data, that family group care be upgraded and expanded, and that the opening of additional day care centers be approached with deliberate caution. The opening of new day care centers should be preceded by a detailed study of demand and feasibility, including transportation (see

Appendix V). The Guidelines for Locating Center-Based Day Care (Exhibit 2) and the Process of Opening a Day Care Center (Exhibit 3) which follow in this section are two methods through which day care centers can be effectively placed to serve the greatest need. Where transportation problems are a deterrent to maintaining a center at capacity, we recommend that transportation alternatives be provided by day care centers. Some recommended solutions to transportation problems are outlined in Appendix V. Standards for transporting children are outlined in the proposed Standards and Licensing Requirements.

Physical Plant

The physical facility should conform to the standards and requirements as outlined in the proposed standards (including local and state fire, health, sanitation, and zoning codes) in order to receive a child-caring license. A day care center with a provisional license should be allowed no more than three renewals of the provisional license before meeting minimum standards.

The materials, equipment, and supplies in the facility should be in accordance with the ages and stages of development of the children in the center. A list of recommended materials follow in the Standards and Requirements for Day Care Centers.

Health and Nutrition

We recommend that the health and nutrition program of centers follow the standards proposed in the Standards and Requirements for Day Care Centers. Meals and snacks should be planned in relation to the 24 hour needs of the child.

We recommend that meals be planned with the consultation of a nutritionist and menus be available to both center staff and parents. Staff members should eat with the children and eat the same foods served to children. The atmosphere at mealtime should be relaxed and informal with no punitive measures administered to children who refuse to eat, or who only eat part of their food. Consultation with parents is especially important in dietary matters and should be discussed during intake procedures and in regular conferences between parents and staff.

We recommend that a short narrative in laymans language of all items in form SF-1, checked by the county sanitarian, be provided since any 4 or 6 demerit violation is grounds for withholding a center license. This explanation would clearly state the requirements of the code and several alternatives for conforming. This explanation should be assembled in a small booklet to be distributed to all existing centers and county Boards of Health after the Department of Health has approved it. It would also be included in the license package sent to new applicants by the Area Day Care Specialist.

Fire and Safety

New buildings for day care facilities should be designed with a child's safety in mind (no dark hallways, narrow stairs, sharp projections or other hazards) so that children have freedom for activities and supervision by adults can be less stringent. Existing buildings should be upgraded to meet the proposed standards regarding fire and safety features. Fire

drills should be conducted regularly and evacuation procedures posted within the center.

Qualifications of Staff

Staff members should meet all licensing requirements as outlined in The Proposed Standards and Licensing Requirements for Day Care Centers.

We recommend that all staff of a day care center have periodic early childhood education training and demonstrate competence in a common core of skills and knowledge. This recommendation is expanded in Recommendation D entitled Staff Development and includes the following components:

I. General Knowledge
    1. Policies
        a. Health
        b. Safety
        c. Fire Prevention
        d. Nutrition
    2. Child Development
II. Curriculum for Children
III. Planning for Children
IV. Interacting with Children
V. Assessing Children
VI. Attitudes and Ethics
VII. Evaluation

Program for Children

Without explicit objectives it is virtually impossible to design programs for children. Therefore, we recommend that

objectives be specified for day care centers as discussed in Recommendation A.

After objectives have been specified, we recommend that curricula for children be planned which provide differential programs for children of different developmental levels.

A recommended grouping might include:

Infants (ages 6 months - 18 months);

Toddlers (ages 18 months - 36 months);

Preschoolers (ages 3 - 5 years)

After-school programs for school age children.

We recommend that a curriculum be developed for each age grouping above and provide for maximum positive growth in the following three domains:

1. Affective-Social/personal
2. Motor
3. Learning - pre-academic/intellectual

We recommend that programs be developed which provide structured, stimulating recreational activities, different from the regular school program, for children who need after-school care. We recommend that programs also be developed for children with special learning needs, i.e., physically and mentally handicapped and emotionally disturbed.

In order to effectively carry out such a program, we recommend that ratios be maintained as outlined in the standards. Even though the grouping above is recommended, older children should have opportunities during the day to spend some time with younger children. Staff members must

be trained in positive behavior management, such that children are rewarded for constructive behavior in the social, motor, and cognitive areas. Non-constructive behavior, unless the child himself or another child is in danger, is ignored. A heavy schedule of unplanned reinforcement or reward should be followed-tender loving care is a good summary phrase. Children must be guided toward problem solving, not solving problems for them, but simply helping them move toward their own solution.

There should be a wide range of materials and experiences in all the areas listed in the three domains above. Each child should have available to him materials that range from that which he is familiar and which he can manage "without trying" through to material and experiences that are new and sufficiently difficult that great effort on a child's part is demanded if he is to succeed.

In order to provide instruction in these skill areas, we recommend that daily schedules be planned which reflect a balance between teacher-directed and child-selected activities and a balance between cognitive, affective, and psycho-motor learning opportunities for the different age groupings. Sample daily schedules follow for each age group.

We recommend that staff members have a specific time scheduled for daily planning of objectives and activities for children. We further recommend that each staff member have specific responsibilities delientated for them.

Staff should evaluate child progress periodically based on the objectives specified and prepare progress reports to be kept in a file along with other pertinent information concerning

the child's social and emotional adjustment.

Evaluation and Monitoring

We recommend that a continuous evaluation and monitoring system be developed which will provide the feed-back to the Area Day Care Specialist (see Recommendation F) with respect to the degree to which standards and requirements are met. Recommendations for an evaluation and monitoring system are presented in Recommendation E.

SAMPLE INFANT SCHEDULE

An infant's daily schedule is determined by several factors - his needs, his parental wishes, his teacher's developmental objectives. Feeding and sleeping schedules are unique for each infant. Diet and napping schedules are determined jointly by parents and teacher, and are also unique for each infant. Since each infant has differing needs, a daily schedule is not presented. Instead, components of a day's activities for an infant are included.

A warm, secure environment with close attention from a loving adult is an essential factor in the infant program. During the day, time is spent in activities both indoors and out which are appropriate to stimulate and encourage a child's development. Activities have objectives in areas such as language development, motor co-ordination, visual perception. All components of this program are possible by virtue of low ratios (1 to 5) and well-qualified teachers.

SAMPLE TODDLER SCHEDULE

7:00-7:30 - Greeting Child and Parent

7:30-8:00 - Breakfast Snack

8:00-9:00 - Child Selected Activities

9:00-10:00 - Outdoor Activities

10:00-10:05 - Inside - Toileting

10:05-10:15 - Snack

10:15-10:45 - Home Groups:

Take Attendance

Get Acquainted

Concept Activity

10:45-11:00 - Story Time/Art Activity

11:00-11:15 - Art Activity/Story Time

11:15-11:40 - Child Selected Activity

11:40-11:50 - Music

11:50-12:00 - Preparation for Lunch

12:00-12:30 - Lunch and Clean-up; Preparation for Nap

12:30-2:30 - Children Nap
Teacher Planning Time

2:30-3:00 - Wake Up; Self-help Skills; Snack

3:00-4:00 - Outdoor Activities

4:00-4:10 - Inside - Toileting

4:10-4:30 - Story Time

4:30-5:15 - Child Selected Activities

5:15-5:30 - Late Afternoon Snack

5:30-6:00 - Outdoor Activities or Inside: Sesame Street or dry art activity

SAMPLE PRESCHOOL SCHEDULE

7:00-7:30 - Greeting

7:30-8:00 - Breakfast

8:00-8:30 - 1st selected activity --- art, housekeeping, blocks, TV

8:30-9:00 - 2nd selected activity --- manipulative

9:00-10:00 - Outside

10:00-10:15 - Toileting -- Snack

10:15-10:30 - Home group: Home Area
Take Attendance
Plans for the day

10:30-10:50 - 1st directed activity

10:50-11:20 - Child selected activity

11:20-11:40 - 2nd directed activity

11:40-11:55 - Home group: Home Area
Story/Music

11:55-12:00 - Prepare for lunch

12:00-12:30 - Lunch and clean-up; prepare for nap

12:30- 2:30 - Children nap --- teacher planning time

2:30- 3:00 - Wake up; self-help skills, snack

3:00- 4:00 - Outside

4:00- 4:30 - Story-time, directed activity

4:30- 5:00 - Selected activity (art, blocks, housekeeping, Sesame St.)

5:00- 5:15 - Late afternoon snack

5:15- 6:00 - Outside and/or inside

SAMPLE RAINY DAY SCHEDULE

Teachers should be prepared to provide an unusual and creative activity for the children to vary regularly planned experiences on a rainy day.

Some examples are:

1. Pop corn
2. Let children make flour and salt play dough and pretend to make cookies.
3. Make some simple cookies to eat for afternoon snack.
4. Put out a new manipulative toy the children have not used before.
5. Allow water play at the sinks with some containers for pouring and measuring.
6. Use the doll house.
7. Collect empty cartons and cans to have a play store - use play money.

EXHIBIT I

PROPOSED

STANDARDS AND LICENSING REQUIREMENTS

FOR

DAY CARE CENTERS

FAMILY LEARNING CENTERS, INC.

February, 1973

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I. ADMINISTRATION

BOARD SPONSORED AND NON-PROFIT ORGANIZATIONS

Organization and Administration

1. All day care centers sponsored by community organizations and/or all non-profit day care centers shall have a governing board responsible for their proper function in accordance with its purposes. This governing board shall meet at least quarterly.
2. The governing board shall be organized and shall function according to a constitution and by-laws. Legal responsibility and administrative authority shall be clearly defined.
3. The responsibilities of the Board shall be to:
   (a) Define the purpose and scope of day care services for children provided by the center.
   (b) Draw up a constitution and by-laws for the basic structure and operation for the total service, provide for the election and rotation of members, define areas of responsibility for board and staff, and establish committees for conducting the business of the day care centers.
   (c) Develop policies for the agency.
   (d) Establish and maintain an adequate financial structure, prepare an annual budget and make provision for annual audit.
   (e) Assume responsibility for broadening community understanding and support for day care services.

(f) Employ an executive director to whom the responsibility for administration shall be delegated.

(g) See that the agency carries out its purpose and responsibilities.

4. Board members shall receive no renumeration for their services.

OTHER REQUIREMENTS: In addition to the above, board sponsored day care centers shall meet the minimum requirements detailed for all group day care centers.

ALL GROUP DAY CARE CENTERS

1. The day care center shall meet all laws, regulations, rules and ordinances of State, Local and Federal governments which apply to its operation.
2. The legal responsibility for the direction of the agency and the care of the children shall be clearly defined and the person or persons to whom this responsibility may be delegated clearly stated.
3. There shall be at all times a person on the premises who, by definition of job or delegated authority, is responsible for the administration of the day care center.
4. The director and/or owner of the day care center shall be a person of good character who has evidence of knowledge, through successful experience with young children and/or recent training of the growth and developmental needs of children, who understands the role of day care in meeting the needs of children and families, and be at least 21 years of age.

5. The responsibilities of the director and/or owner shall be to clearly state the purpose of the program, to develop the policies of the day care center, to establish and maintain an adequate financial structure, and to implement the policies of the center.

6. The day care center shall have in writing and available to all parents a description of the services offered. This description shall include:

   (a) Policy and procedures

   (b) Children served (maximum and minimum age, etc.)

   (c) The days and hours the center is open.

   (d) Children's program including, nutrition, health, and objectives, learning activities.

7. The day care center shall develop and follow a plan for enrollment of children. This plan shall include an interview with the parent or guardian of the child for the purpose of securing from the parent the following information and a signed agreement:

   (a) Age and physical condition of the child.

   (b) Name, address, and telephone number at home and at work for parent or guardian.

   (c) Signed agreement between parent and day care center which includes name, address, and telephone number of person or persons to whom the child may be released; name, address, and telephone number of persons to be called in emergency when parent cannot be reached; per-

mission for the day care center to secure medical help in time of emergency; plan for payment of fees.

(d) Responsibility for escorting child to and from transportation vehicle if transportation is provided.

(e) Plans shall be made for the child to visit the center before admission so that he will learn about his new surroundings, the other children, and the teacher who will be caring for him through a pleasant experience.

(f) Formal parent-staff conferences shall be held at least quarterly to discuss the center's program and the child's development and progress. The conference shall include information reported in Records 1(h).

8. Day care centers shall have fire, comprehensive, liability, Workmen's compensation, and auto insurance where applicable.

9. Day care centers shall report to the West Virginia Department of Welfare, Licensing Unit, within twenty-four hours, the following:

   (a) Change of ownership, address, or closing of a center.

   (b) Death or serious injury to any child while in the center.

   (c) Any fire

10. The provisional license valid for 90 days shall be renewed a maximum of three times. After the expiration of the third renewal, i.e. 12 calendar months from the first provisional license a center shall cease to operate unless it receives a regular license.

11. Day care centers shall be inspected and evaluated monthly by the Area Day Care Specialist.

RECORDS

1. Records of individual children shall include:

   (a) An application form (see suggested form).

   (b) Medical statement from the child's physician maintained in chronological order including past and needed immunizations.

   (c) Parental permission for emergency medical care and to call a physician.

   (d) Names, addresses and telephone numbers of person to whom the child is to be released and those to be notified in case of emergency.

   (e) Description of accidents or illnesses occuring while the child is in the center, including date, time, condition under which it occurred and action taken.

   (f) Record of daily attendance, financial arrangement, and fee to be paid.

   (g) Information about the child's family and their ability to meet the child's needs.

   (h) Monthly written summary of the child's progress, adjustment, and plans for continued program to meet his individual needs.

   (i) Clearly identified formula and feeding plan for children under one year of age.

   (j) Written authorization from parent or legal guardian to the

center staff to administer a physician's prescriptions, with description and correct dosage of the medication included.

2. Records of Individual Employees shall include:
   (a) Identifying information
   (b) Qualifications
   (c) Two responsible written references
   (d) Employment history
   (e) Employment date.
   (f) Evidence of annual physical examination
   (g) Result of chest x-ray or skin test for tuberculosis.
   (h) Current food handler card if applicable.
   (i) Evidence of completion of the basic child care training program.
   (j) Evidence of periodic in-service training.

3. Business Records:
   (a) Financial
   (b) Insurance
   (c) Food permit
   (d) Fire report
   (e) Sanitation

STAFF

1. All staff members shall be of good character; present evidence of good physical, mental, and emotional health; understand children; be adaptable to a variety of situations and be willing to grow in knowledge about children through participation in periodic in-service training.

2. No person under eighteen years of age shall assume role responsibility for children and there shall be at least one person twenty-one years of age or over in the day care center during the hours of service to children. There shall be two responsible adults available for supervision of children at all times that children are in attendance at the center; one of these adults shall be providing direct supervision of the children.

3. All staff members who have responsibility for planning and supervising children's programs or who are working with children shall be certified through pre-service and in-service training programs that include:

   a. What Infants need to learn
   b. What Toddlers need to learn
   c. What Preschoolers need to learn
   d. How to plan for children
   e. How to interact with children
   f. How to assess children
   g. Basic first aid instruction
   h. Basic fire, health, and safety instruction

   It is advisable for all staff to have at least a high school diploma, or its equivalent, and experience working with children.

4. If volunteers are used, the responsibilities assigned to them and their qualifications shall be in accord with the personnel policies of the day care center and at no time shall a volunteer regularly replace a staff worker in order to maintain minimum standards with respect to adult/child ratio.

5. The minimum adult/child ratio in centers shall be as follows:

Group Age	No.of Adults	No.of Children
Infancy - 18 mos.	1	5 - 7
18 mos. - 3 yrs.	1	8 - 10
3 - 4	1	10 - 15
4 - 5	1	15 - 18
5 - 6	1	15 - 20
7 and older	1	20 - 25

6. There shall be additional help available to each staff person caring for infants and toddlers. (The above is a minimum requirement. Every center caring for infants and toddlers should strive to keep the adult/child ratio as low as possible because of the strong need for individual attention to such young children).

7. Persons giving care to children under two years of age shall have special knowledge about their care and shall participate in courses, workshops, and institutes when these become available at least once a year and will demonstrate basic competence.

8. All staff shall have a physical examination prior to employment and annually thereafter. This must include a report of a chest x-ray and laboratory findings when prescribed by physician. Staff over sixty-five (65) years of age shall have a statement from physician stating that they are in adequate physical condition to cope with a group of children for the required number of hours each day.

HEALTH & SAFETY

1. The Day Care Center shall work towards protecting, maintaining, and improving the health of children while they are at the Center.
2. Each child accepted for care shall have a complete health examination by a physician prior to admission or a re-examination after a three month absence from the Center. This shall be renewed at least annually (preferably every six months for the child under two years of age) and at any time the child's general conditions indicate a need while the child is in care. The examination report shall consist of a health history, results of the physical examination and evaluation statement from the physician, including needed immunization, and known allergies.
3. A daily health check of each child shall be made by a responsible person who is familiar with the child and who is competent to recognize symptoms of illness and communicable disease.
4. Any child showing symptoms of illness during the day shall be removed from the group to the quiet area where he shall receive necessary attention until such time as the Center and his parents can make plans for his care elsewhere.
5. The Day Care Center shall, through routine practices, help children acquire habits of good hygiene, techniques of accident prevention, and skill in the care of simple injuries.

6. No medication shall be given by the staff except under special circumstances arranged by the Center's administrator at which time a signed authorization from parents or guardian giving permission must be on file in the Center.
7. A first aid kit equipped with soap, antiseptic, band aids, sterile gauze squares, adhesive tape and tweezers shall be maintained. All staff members shall be certified in first aid procedures.
8. No staff person who is suffering from a contagious disease or illness shall be present in the Center.
9. Parents shall be notified immediately of any illness, head injury or other serious injuries to the child in the Center and specific instructions regarding action to be taken obtained.
10. Under no condition shall a Day Care Center care for a child having a communicable disease or an acute illness. Parents or guardians of all children enrolled shall be notified when a communicable disease has been introduced into the Center.
11. The Center shall have an arrangement with a nearby physician, clinic, or hospital so that immediate treatment can be obtained in any emergency.
12. The Center shall maintain the rooms in which the children are housed, clean and odor-free, and require that the staff keep the children clean, dry and comfortable. Bed linen shall be kept clean and dry and soiled diapers handled in a sanitary manner.

FIRE SAFETY

1. The Day Care Center shall formulate and post in each room, and in a place clearly visible, a plan for evacuation of the building in case of fire. All employees shall be instructed and kept informed of their duties under the plan.
2. The Day Care Center shall hold regular fire drills within two weeks of opening and at least once a month thereafter and when a new staff member is employed (within two (2) days).
3. The Day Care Center Director shall daily inspect the center and premises for obstructed exits and other potential fire hazards.

NUTRITION & FOOD SERVICE

1. Meals served in the Day Care Center shall be planned with the child's daily food needs in mind and shall complement the meals served in the child's own home.
2. Children who are in center care five but less than ten hours shall have 1/3 of their food needs met in the Center: a nutritious mid-morning snack or breakfast, a noon meal (balanced, preferably hot), and a mid-afternoon snack. Children shall be served a minimum of eight ounces of milk per day.
   a. The mid-morning and mid-afternoon snacks shall insure adequate nutritional quality including fruit or juice of high vitamin C content, milk and crackers, or the nutritional equivalent thereof. Soft drinks, candy, potato chips, etc., are not considered to be nutritious snacks.

b. A balanced meal shall include something of each of the four basic food groups.

3. Children in center care for ten or more hours shall have an additional balanced meal, either breakfast or supper, depending upon hours of care.

4. The current menu shall be planned one week in advance, dated, posted in the Center, and made available to parents during the week before the menu is effective.

5. Meals shall be attractively served in an atmosphere which is comfortable and relaxed. Staff members shall eat with the children, and eat the same food.

6. Furniture and utensils shall be of the appropriate size for children. There shall be enough utensils to serve all the children enrolled at one sitting.

7. For children under one year of age, the staff shall secure a formula and feeding plan from the parents. This plan shall be on file in the center and followed in detail. The formula shall be clearly identified. In planning diet, the introduction of solid foods, etc., the Day Care Center shall follow the recommendations of the child's parents. Infants shall be fed individually and preferably shall be held while fed.

CHILDREN'S PROGRAM

1. Program planning shall consider the age and developmental level of the children, the needs of the individual children, the experiences offered children in their home, and the goals which children's family have for them.

2. When planning a program, the staff shall make provisions for:

   a. A detailed schedule showing each staff responsibility for the entire day. Schedule should be revised and modified at least monthly. The schedule should include:

      1. Alternating periods of active play and quiet periods.
      2. Time for special attention for children who need it (new children, emotionally upset children, etc.)
      3. Times for music, art, literature, and drama experiences.
      4. Times for language, thinking, and problem solving activities.
      5. Times for sharing and interactive play.
      6. Times children can choose among activities and to play alone or with one or more of the other children if he so desires.
      7. Times for teacher-directed activities which help children learn new skills, attitudes, and concepts.
      8. Times for meals, snacks, naps, washing-up, and so on.
      9. Times for outdoor play except in the most inclement weather.

   b. Policies and procedures related to:

      1. Nap time for all pre-school age children and a rest period for all school age children who spend the day in the Center. Quiet activities for children who do not sleep. Children who do not fall asleep shall remain on cots no more than one hour:

2. Eating;

3. Discipline;

4. Use of materials and equipment;

5. Parent conferences; and

6. Evaluation of child's progress.

3. Day Care Centers which provide care for children enrolled in school shall plan a program which is appropriate for and meets the needs for those children.

   a. Day Care Centers shall provide a separate program and adequate facilities for children six years of age and over.

   b. Facilities for school age children shall be located in a separate area if necessary to avoid interference with younger children's program.

   c. The program for school age children shall be flexible to enable the children to participate in desirable, non-academic activities sponsored by the children's regular schools.

4. For children under two years of age:

   a. Each infant shall be removed from his crib, play pen, or cot and held or placed in a chair for each feeding. Each infant shall also be removed from his sleeping accomodations at other intervals during the day; and shall be permitted to crawl, toddle, or walk as age and development permits.

b. The infant shall be taken outdoors for a part of each day except during exceptionally bad weather or where a physician or parent has ordered otherwise.

c. Play areas, apart from sleeping quarters, shall be provided for the infants where they may comfortably and safely sit, crawl, toddle, walk, and play.

d. The staff shall provide experiences which are appropriate for young children that stimulate good physical, intellectual, and emotional growth.

e. The staff shall be so organized that the children receive care from the same person(s), or the smallest number of different adults, each day.

5. When operating the day care program, the staff shall:

a. Provide time for children to proceed at their own rate of speed.

b. Encourage children to help themselves in washing and dressing.

c. Allow children to move from one activity to another.

d. Permit children to go to the toilet and get water as they feel the need.

e. Insure that performance standards are set at a level within the range of children's abilities and encourage children to meet these standards.

f. Insure that the length of time which children spend in any one group activity is determined by the developmental level of the children.

g. Set up a quiet, dim, area for naps. Cots shall be placed at least one foot apart from cot to cot and children placed on cots with a distance of four feet from head to head. (This can be accomplished by alternating the position of the children on adjacent cots--that is, have one child with his head at one end of his cot and the next child with his head at the opposite end of his cot). Children shall be supervised by a responsible adult throughout the nap. There shall be an aisle of at least two feet between rows of cots.

h. Make provisions for active and vigorous play such as water play, pounding, molding clay, digging, etc., and provide suitable space and equipment.

6. When operating the program, the staff shall avoid:

a. Long hours of unnecessary practice for programs, recitals, special events, etc.

b. Keeping children waiting in line who are assembled in groups in the intervals between activities.

c. Using any disciplinary techniques which are hurtful, frightening, mentally or physically injurious, or humiliating to the child;

d. Associating punishment with food, rest, illness, or toilet training.

e. Formal instruction in subjects beyond the developmental level of the children.

EQUIPMENT

1. There shall be in the Day Care Center equipment necessary to facilitate the program. Such furnishings and equipment shall be of sufficient quantity to insure that each child shall have opportunity to participate in activities appropriate for his developmental level. Equipment shall be kept clean and in usable condition and stored in such a way that it is accessible to the children.
2. Furnishings must include tables, chairs, and storage space sufficient for all children served in the program planned. There shall be available one cot, a sheet, a light weight cover, one chair, and a place to store personal articles for each child enrolled, if time spent at the Center is longer than four hours.
3. The Day Care Center shall provide an individual crib for each infant,a water-proff mattress and linens. Crib size shall be determined by the size and age of the child.
4. There shall be sufficient equipment to provide a varied outdoor program for the children.
5. Individual washcloths and towels shall be provided for all children. Paper towels may be substituted for groups other than the infant and toddler group.
6. There shall be a telephone in the Day Care Center.
7. Each child shall be provided an individual drinking cup.
8. Toileting equipment such as potty chairs, appropriate to the toilet training level of the infants in the group, shall be provided. All such equipment shall be completely washable.

9. A covered container for soiled diapers shall also be provided at the diaper change area. Such containers shall be equipped with disposable plastic liners which can be tied at the top for convenient removel.

BUILDING AND GROUNDS

1. The individual or agency planning the construction of a new center, remodeling, or adding to an existing structure shall first have plans approved by local building authorities and location approved by local zoning authority. In order to assure that the building will meet standards plans for new buildings, additions, or remodeling shall be approved by the State fire marshal and the State Health Department before construction is undertaken.
2. The premises and building must be inspected at least once a year by the County Board of Health and certified as meeting sanitation standards.
3. The building or portion of the building to which children over two have access shall be used only for the program of child care during the hours that the center is in operation. Those rooms in which children under two are cared for shall be used only for the care of these young children.
4. Rooms lower than three feet below ground level on all sides shall not be used for the children's activity program. Basement areas in excess of 25 linear feet of wall space from a window may not be used for the housing of children.

5. Floors, walls and ceilings shall be smooth, non-absorbent, easily cleaned, and kept in good repair. The walls should be a light color and ceilings should be at least eight feet.
6. The heating system in the day care center shall be approved by the State Fire Marshal. Floor furnaces, to be approved, shall have adequate protective coverings or guards to insure that children coming into contact with them shall not be burned.
7. Where space heaters are used, additional screens shall be provided to prevent children from coming into contact with the heater.
8. A thermometer shall be provided in each room used by children to assure that a temperature of approximately 70 degrees is maintained at a level twenty-four inches above the floor.
9. There shall be artificial lighting to provide twenty-five to thirty-five feet candle power in play areas where natural light fails to provide this intensity.
10. The children's playroom shall have outside windows. All floor level windows shall have protective devices and be able to be opened for ventilation.
11. The indoor areas and rooms, used for the play, rest, and eating activities of the children shall provide thirty-five square feet of usable space for each child present in the center. Space occupied by built-in storage cabinets, lockers, etc., shall not be included.
12. There shall be a quiet area set aside in which no regularly scheduled activities take place. This area shall be used to care for the child who becomes ill at the center or for

any child who needs an opportunity to be by himself. This area shall be supervised.

13. There shall be space provided in the center for storage of cots and equipment.

14. Each child should be assigned an individual hook, space, shelf or locker for his personal garments and private possessions.

15. The use of multiple electric extension cords from one outlet shall be avoided and electrical outlets within reach of children shall be plugged or covered with approved safety covers.

16. Hallways shall be adequately lighted, be a clear passage free from obstructions, and have exits which meet the approval of the State Fire Marshal.

17. Drinking fountains shall be of a type approved by the West Virginia Department of Health. When drinking fountains are not used, individual paper cups shall be provided and shall be disposed of immediately after use.

18. Two-story or split level buildings shall be used only with the specific approval of the fire department.

19. The following ratios of toilet facilities shall be provided:

Number of Children	Toilets and Lavatories
1 - 12	1
13 - 25	2
26 - 50	3
51 - 75	4
76 - 100	5
101 - 125	6
126 - 150	7
151 - 175	8

For toddlers, one flush toilet must be available. Two nursery chairs may be substituted for each subsequent required toilet.

OUTDOOR PLAY SPACE

1. The outdoor play space shall be safe, easily supervised and located adjacent to the day care center. It shall contain at least 100 square feet of usable play space per child in any group using the play area at one time and shall provide opportunity for many kinds of experiences.
2. The playground area shall be fenced or otherwise protected from traffic or other outside hazards. Fencing materials shall present no hazard to children.
3. Climbing equipment shall have a resilient surface beneath it and shall be securely stationed.
4. The grounds shall be kept clean and free from litter.
5. Children shall be supervised by a least one adult on the playground at all times. (Adults should consider this a time to interact with the children).

TRANSPORTATION

1. A day care center which provides transportation services shall supervise the transportation so as to preserve the health, safety and comfort of the children.
2. All drivers of vehicles transporting children of day care facilities shall comply fully with the West Virginia Motor Vehicle Laws.
3. The children and drivers involved in Day Care Transportation must be properly covered by insurance. Amounts of insurance shall be determined by the Insurance Commissioner and the Department of Welfare.

4. Station wagons, vans, sedans, or the private automobile used for transportation of not more than 9 persons exclusive of the driver shall have school bus signs visible from the front and rear of the vehicle.
5. Any vehicle used for transporting more than 9 persons at any one time, and the driver thereof shall conform to West Virginia School Transportation Regulations.
6. A transportation schedule shall be arranged so that no child will regularly travel more than 45 minutes one-way between his home and the day care facility.
7. If more than one infant is transported, there shall be a minimum of one adult for every two infants.
8. The transportation vehicle shall be kept clean and at moderate temperature during cold weather.
9. A child must be picked up and delivered to the same side of the street on which he lives. The person responsible must see that the child is safely in the home.
10. All children and adults must be seated before the vehicle starts in motion and must remain seated until destination is reached. All safety features including seat and shoulder belts should be utilized at all times.
11. When more than five children are transported in one vehicle, there shall be another adult in the vehicle in addition to the driver.
12. At no time shall children be left unattended in a vehicle.
13. Doors shall be opened and closed by the driver or by the attendant, and no obstacle shall obstruct clear passage to any doors.

APPENDIX A

EQUIPMENT FOR CHILDREN

Some equipment from each of the groups listed below should be provided. Many pieces of this equipment can be homemade.

MANIPULATIVE

Wooden puzzles
Lego
Tinker toys
Peg boards/pegs
Beads or spools to string
Pounding board
Parquetry blocks
Lacing boot
Hammer and nail sets
Busy board (lock board)
Nuts and bolts
Balancing clowns
All by himself and herself books
Bag-o-blocks
Prisms
Magnifying glass
Tuning Fork

DRAMATIC PLAY

Dress-up clothes and costumes (Men and women)
Jewelry, shoes, purses, hats
Dolls and doll clothes
Doll beds
Mirror
Iron
Ironing board
Telephone
Rocking chair
Cuddly toys
Pots and pans
Tea sets
Small tea table/chairs
Child-size stove, cupboard, sink, refrigerator
Broom, mops, dust pan
Assorted food cans, boxes, paper bags, etc.

SCIENCE

Color paddles
Aquariums/fish
Pets--turtle, bird, fish
Cages for insects, pests, etc.
Plants
Magnets
Flash light
Cooking utensils for cooking experience
Gardening tools
Old clock, radios, etc. to take apart
Other nature and science items grown and collected by teacher and children
Kaleidoscope
Top

BLOCK BUILDING

Unit blocks
Hollow blocks
Cardboard block busters
Transportation toys--large and small trucks, trains, tractors, planes, etc.
Wood or rubber people
Wood or rubber animals

OTHER

Puppets
Play money and cash register
Punching bag
Play screen for stores, puppets, etc.

MUSIC

Record player
Assorted records
Rhythm instruments
Autoharp or other instruments

BOOKS

Storybooks
Magazines
Catalogs

CREATIVE ACTIVITIES

Clay
Play dough
Crocks, jars, etc. for clay storage
Paste
Large crayons
Chalk - colored
Tempera paints
Scissors, blunt point
Long handle brushes, soft and bristle
Large pencils
Finger paints

Paper: Newsprint
Manilla
Finger Painting
Construction
Sponges
Easel
Smocks
Collage

WOOD WORKING

Work bench/vise
Hammers
Nails and tacks
Saw
Screw driver
Ruler
Soft wood
Sandpaper
Paints
Wheels, bottle caps, strings, etc.

INFANTS (Categories--soft washable, chewing, creeping noise)
Mobiles
Teething toys
Cuddly toys
Dolls
Pictures
Balls, med. sized, soft
Rattles
Cloth books
Baby walker
Rider truck

OUTDOOR

Bean bags
Balls
Jump rope
Swings
Mounted steering wheel
Large building blocks
Sand box
Sand toys
Tricycles
Jungle Gym

OUTDOOR

Wheel barrow
Wagons
Climbing equipment
Large wood boxes
Boards, planks, ladders
Barrels, pipes, drums
Tubs, pans, hose, etc. for water play
Play house

GAMES FOR SCHOOL AGE

Pick up sticks
American logs
Card games, e.g., Old Maid
Parchesi
Lotto
Anagrams
Scrabble
Dominoes
Bingo
Marbles
Puzzles
Assorted games, e.g., checkers,
Uncle Wiggly, Candyland

TODDLERS (Categories--Action
Creative, Dramatic)

Riding toys
Push toys
Pull toys
Snap beads
Indoor Climbing Equipment
Lacing shoe
Telephones
Dolls
Cuddly toys
Pounding board
Colorful, simple books
Balls--big, rubber
Stack toys
Beads to string
Simple wood puzzles
Block busters
Blocks
Lock boards
Giant magnifying glass
Mirror
Noise making toys

EXHIBIT 2

GUIDELINES FOR LOCATING CENTER BASED DAY CARE

FAMILY LEARNING CENTERS, INC.

February, 1973

EXHIBIT 2

GUIDELINES FOR LOCATING CENTER-BASED DAY CARE

A strong recommendation emanating from the studies of day care in West Virginia is to emphasize Family Group Care, up-grade In-Home Care, up-grade existing center care, and approach the creation of new centers with great caution. We believe that the location of new centers is a serious and complicated problem. Careful study of the need in any community should precede the location of a center. Need is usually defined by some demographic datum such as number of children under six whose mothers work. This is best described as an index of potential. Before starting a new center, we suggest that a need study be done based not only on the index of potential, but on a study of the demand for center-based care.

In order to provide information to guide the identification of potential day care needs, we developed four potential user indices in an attempt to include the appropriate variables. These indices were then used to rank the 55 counties according to potential users of day care. Our suggestion is that new center locations will most likely be appropriate in those counties with high potential user indices. We do strongly recommend, however, that a sample survey of demand for day care be done after choosing high potential user counties.

Potential user Index #1 is based on an average of the rankings of each county (1-55) using three variables: (1) AFDC children under six years of age (West Virginia Department of Welfare, December, 1972); (2) population change between

1960 - 1970 (1970 Census Data) (as an indication of employment opportunity); and (3) number of children whose mothers work (Calculated 1970 Census data). This index yields a rank order of counties based on need as shown in column 1 of Table 1.

Potential user Index #2 was based on an average of the rankings of each county (1-55) using two variables: (1) total number of unemployed women 16 and over actively seeking work (1970 Census Data) and (2) the calculated number of children under 6 whose mothers work (Calculated 1970 Census Data). This index yields a rank order of counties based on need as shown in column 2 of Table 1.

Potential users Index #3 was based on the ranking of each county (1-55) using the estimated number of children under 12 less the estimated capacity of existing day care resources (Task Force 1972). This index yields a rank order of counties based on need as shown in column 3 of Table 1.

Potential user Index #4 is the average of these three indices and is considered to be inclusive of the major variables affecting day care need potential.

As seen in Table 1 these four indices produce county potential user rankings that are generally in agreement with one another. At least if you had to choose the eight or ten counties with the greatest potential need, the selection would be very consistent. Eight counties appear in the top ten in all four columns. Using these eight counties as a starting point can certainly focus the expenditure of funds for surveys.

TABLE 1 RANKING OF COUNTIES BY POTENTIAL NEED FOR DAY CARE

INDEX NO. 1	INDEX NO. 2	INDEX NO. 3	INDEX NO. 4
1 - Wood	1 - Kanawha	1 - Kanawha	1 - Wood
2 - Cabell	2 - Cabell	2 - Wood	2 - Cabell
3 - Monogalia	3 - Wood	3 - Cabell	3 - Kanawha
4 - Berkeley	4 - Harrison	4 - Harrison	4 - Berkeley
5 - Marion	5 - Marion	5 - Mercer	5 - Harrison
6 - Kanawha	6 - Mercer	6 - Marion	6 - Marion
7 - Harrison	7 - Ohio	7 - Ohio	7 - Mercer
8 - Mercer	8 - Raleigh	8 - Berkeley	8 - Monogalia
9 - Ohio	9 - Monogalia	9 - Monogalia	9 - Ohio
10 - Wayne	10 - Marshall	10 - Raleigh	10 - Raleigh
11 - Marshall	11 - Berkeley	11 - Marshall	11 - Marshall
12 - Hancock	12 - Greenbriar	12 - Hancock	12 - Wayne
13 - Raleigh	13 - McDowell	13 - Logan	13 - Hancock
14 - Putnam	14 - Wayne	14 - Wayne	14 - Logan
15 - Jefferson	15 - Logan	15 - Greenbriar	15 - McDowell
16 - Brooke	16 - Hancock	16 - McDowell	16 - Jefferson
17 - Mineral	17 - Fayette	17 - Fayette	17 - Brooke
18 - Jackson	18 - Nicholas	18 - Brooke	18 - Greenbriar
19 - Logan	19 - Randolph	19 - Jefferson	19 - Fayette
20 - McDowell	20 - Jefferson	20 - Randolph	20 - Mineral
21 - Preston	21 - Brooke	21 - Preston	21 - Randolph
22 - Mason	22 - Mineral	22 - Putnam	22 - Preston
23 - Mingo	23 - Lincoln	23 - Mingo	23 - Putnam
24 - Lincoln	24 - Boone	24 - Mineral	24 - Nicholas
25 - Fayette	25 - Monroe	25 - Nicholas	25 - Mingo
26 - Randolph	26 - Lewis	26 - Jackson	26 - Jackson
27 - Upshur	27 - Hampshire	27 - Mason	27 - Lincoln

INDEX No. 1	INDEX No. 2	INDEX No. 3	INDEX No. 4
28 - Wetzel	28 - Mingo	28 - Upshur	28 - Mason
29 - Greenbriar	29 - Preston	29 - Lewis	29 - Boone
30 - Nicholas	30 - Ritchie	30 - Boone	30 - Lewis
31 - Boone	31 - Jackson	31 - Lincoln	31 - Upshur
32 - Wyoming	32 - Mason	32 - Taylor	32 - Wetzel
33 - Grant	33 - Taylor	33 - Wetzel	33 - Taylor
34 - Lewis	34 - Upshur	34 - Hampshire	34 - Monroe
35 - Taylor	35 - Putnam	35 - Wyoming	35 - Wyoming
36 - Barbour	36 - Morgan	36 - Roane	36 - Hampshire
37 - Monroe	37 - Wetzel	37 - Barbour	37 - Barbour
38 - Morgan	38 - Barbour	38 - Ritchie	38 - Ritchie
39 - Pleasants	39 - Braxton	39 - Monroe	39 - Morgan
40 - Hardy	40 - Hardy	40 - Grant	40 - Grant
41 - Gilmer	41 - Wyoming	41 - Hardy	41 - Roane
42 - Roane	42 - Raone	42 - Morgan	42 - Hardy
43 - Tyler	43 - Doddridge	43 - Braxton	43 - Braxton
44 - Ritchie	44 - Grant	44 - Pleasants	44 - Pleasants
45 - Summers	45 - Summers	45 - Tucker	45 - Gilmer
46 - Tucker	46 - Pocahontas	46 - Tyler	46 - Summers
47 - Braxton	47 - Calhoun	47 - Gilmer	47 - Tucker
48 - Webster	48 - Pleasants	48 - Webster	48 - Tyler
49 - Hampshire	49 - Webster	49 - Pendleton	49 - Doddridge
50 - Calhoun	50 - Tucker	50 - Summers	50 - Webster
51 - Doddridge	51 - Clay	51 - Doddridge	51 - Calhoun
52 - Wirt	52 - Gilmer	52 - Calhoun	52 - Pocahontas
53 - Clay	53 - Wirt	53 - Pocahontas	53 - Pendleton
54 - Pendleton	54 - Pendleton	54 - Clay	54 - Clay
55 - Pocahontas	55 - Tyler	55 - Wirt	55 - Wirt

EXHIBIT 3

THE PROCESS OF OPENING A DAY CARE CENTER

Exhibit 3

Process of Opening a Day Care Center

1. Obtain a current free copy of the Standards and Licensing Requirements for Day Care Centers from the West Virginia Department of Welfare, Division of Social Service, 1800 Washington Street East, Charleston, West Virginia 25305, or your local Welfare Office. Read thoroughly and note any questions. If you have any questions concerning the Standards, contact your local Welfare Office, Day Care Specialist for clarification. You may also utilize the free consultation service provided by the Division of Social Services in Charleston.

2. Need Assessment and Community Resources

   You must next determine if there are enough parents in the area who will place their children in a center. This information and the number of children who need day care will enable you to make an initial decision on the desirability of opening the center and give you a rough idea of the potential size of the center. You should contact the following groups, agencies, and persons:

   a. Local Churches - possible source of building and funds for center. The leader can inform congregation of your intent and get information on their interest in day care as possible volunteers or customers of the center.

   b. Elementary Schools - examine the neighborhood to see if any vacant buildings could be used for the center.

Perhaps the school may be able to provide help in meals or rooms, etc. For after school care, they could send all children home with note about after school care with return requested.

c. Local Welfare Office - will have names and numbers of children within a reasonable distance of your area who may use the center. They can also provide fees paid by State of West Virginia and other useful information on license requirements and staff training.

d. Local Business and Industry - may want to canvass all businesses for possible donation of money and equipment or service. Businesses with high number of female employees may want to partially subsidize a center as an employee benefit or could possibly want to open their own. Determine if employement is steady in these businesses.

e. Families - You should generally limit your inquiries to a 10 - 15 mile radius. Direct mailing and some door to door canvassing by volunteers should provide the following information:

   1. The number of children needing full day care for summer and winter months and their ages.
   2. The number of children needing half day care for summer and winter months and their ages.
   3. The number of children needing after school care during the school year and their ages.

4. The number of children needing weekend care, if any, and their ages.

Determine what each family would be willing to pay for these hours of care as explained in the context of your proposed program. This is a measure of parent willingness to pay, not necessarily parent ability to pay. It will directly influence the fees you charge.

f. Existing Day Care Centers - most of the voluntary not for-profit centers will freely give you any information they have. They can provide many answers and perspectives on the complexities of starting and running a center. You should compare their fees, programs and services with what you want to offer. They can also provide information on possible community or other sources of funding such as United Fund.

g. Local Mayor, City Council, Zoning Board - These agencies will provide the latest information on zoning and other local ordinances that will affect the center.

3. With this initial information, you should develop a financial picture of your proposed center since it will never become successful without adequate financial backing. These are a few of the items you must consider before committing any money to the project:

Type of organization - voluntary vs. propriatary.

You are required to incorporate as a voluntary or non-profit center. You should incorporate as a propriatory concern for your own protection. This will cost you around $200 - $300 unless you can get an attorney to volunteer his services.

Prepare a preliminary operating budget for the center using the data collected.

a. Number of children for each type of care

b. Assign fees for each type of care - fees should be charged by the week, not by the day. It costs you money to keep a slot open for each child each day, whether he attends or not.

c. What start up donations or contributions can you count on? This should include service, money, equipment, space, etc.

Determine your staffing requirements based on minimum ratios in licensing standards and the number of children who will use the center. How many staff will be paid and how much will you pay them? To what extent can you rely on volunteers? What provisions have you made to certify their basic competence and qualifications in early childhood training?

What equipment, toys, learning materials will you need for the total program and how much will it cost?

Appendix A, Minimum Standards and Requirements for Day Care Center contains a comprehensive list of desireable materials and equipment for the program. Equipment

must be secured for each age group of children. Other sections of the Standards specify the number of cots, toilet facilities, cribs, etc.

4. You are now ready to begin searching for a building to house the center. The search for a suitable building can be a challenging task since so many factors can affect its usefulness as a day care center. The location, type and size of the building are critical. The building should be located as near as possible to the majority of parents and children using the center. Most often this means a location near (1) major transportation arteries or (2) the center of the community in order to minimize transportation difficulties. The ideal physical setting is the ground floor of a one story building surrounded by a large grassy playground. Two story buildings are generally unsuitable if the upper or basement areas will be used by the children since expensive fire protection measures are required.

   The more fire resistance the building has the less expensive it will be to meet fire standards. A building constructed of stone or concrete is a definite plus. Examples of this type of building are churches, schools, community centers, and some business properties. Your local realtor can be of great assistance in solving this problem. Residential homes can be converted but the cost may be prohibitive, the small size may limit the number of children and zoning approval may be withheld.

5. When a building is found that appears to satisfy the criteria outlined above and can be zoned, a call to the State Fire Marshal in Charleston should be made to schedule an inspection of the facility. It may take up to two weeks for the inspection; but meanwhile the county Board of Health can be called and a county sanitarian will apply the Food Service Inspection Code. He will tell you exactly what is required in the way of equipment, modifications, and food handling precautions for you to operate a food service in the center. Based on his written report you can get cost estimates from local contractors and food equipment distributors to pass the code.

   About 2 weeks after the initial fire inspection, you will receive an official report that outlines the required fire protective measures to make the building safe. The staff inspector during his visit will provide you with a rough idea of the major (expensive) modifications and equipment and measure the building for its occupant capacity. This is 35 square feet per person per room and you cannot exceed this legal capacity unless you add more rooms.

6. After receiving estimates for all fire and food service improvements, as well as estimates for the relevent section of the licensing standards, you should compare all costs with your expected sources of income. Income includes donations, money you can borrow, and any money you will personally invest. At this juncture the building

may not be an economically sound venture. If it is, all your plans for modification must be approved by your area Day Care Specialist before construction is begun. This is a necessary step and it will save you money. Following approval by the Licensing Unit, you are ready to purchase the necessary building permits from the local building authority. Before their approval for occupancy is given, all remodeling, etc., must meet the local versions of building, electrical and plumbing codes. This of course requires an inspection by each local agency depending on the modifications. No time limit can be extimated for this portion of the licensing process since it can vary tremendously with each situation.

7. While physical modifications are being completed, the following activities should be completed.
   1. Publicizing the grand opening of your center and arranging suitable activities.
   2. Enrolling children.
   3. Your staff (teachers, aides, cook, volunteers) should be receiving training and orientation. The program and daily schedule must be determined for each age group of children. Don't forget your fire drills.
   4. Equipment, supply, materials, and toys should be purchased or on order to arrive by opening day.
   5. You should have an accountant and begin to keep accurate financial records of your operation.
   6. You should visit your local I.R.S. office and pick up a Mr. Businessman's Kit. The kit will explain your

responsibilities for all Federal Taxes. You may want to apply as a non-profit organization 990 .

7. Secure a Retail Sales Permit - and secure state tax information, i.e., Sales Tax, unemployment compensation.
8. Develop appropriate policies for the center operations and prepare information for parents as outlined in Exhibit I.
9. Contact various insurance companies to secure adequate fire comprehension and liability insurance.
10. If you will provide transportation services, you must comply with the transportation standards.
11. Secure Food Handlers Permit and nutrition advice.

8. As the requirements of fire, health and licensing are completed, recall the inspectors for their approval. You must pass fire and health before receiving a regular or provisional license. Further modification may be necessary to satisfy the requirements of their code.
9. The center will be licensed on either a regular or provisional basis depending on each particular center and the degree to which it has met all standards and regulations which apply to it. A center can only operate on a provisional license for a maximum of 1 year and then it must have a regular license or discontinue operations.

RECOMMENDATION C. OPTION III, IN-HOME CARE. In-Home care shares most of the same advantages found in Family Group Care and is regarded as a desireable day care arrangement from several viewpoints. The main differences from Family Group Care are the fewer number of children cared for in each home and these children receive the day care service in their own home. The last factor is particularly appealing to many parents who wish to keep their children in familiar surroundings. There will always be numerous instances when it is both impractical and improvident to remove a child from his home every day to receive child care. When a decision has been made to leave the child in his home environment there should be an explicit obligation to see that the environment and quality of care is conducive to the child's optimal development assuming that this is an objective of the day care system.

The In-Home model is presented through a set of Proposed Minimum Standards (Exhibit 1) and Caretaker Application and Home Safety Checklist (Exhibit 1).

This model will significantly improve the quality of this day care situation. Ideally an equivalent standard of care should be forthcoming as developed in the Family Group Care Model. It will be, to a large extent, if both groups of caretakers receive the same core of knowledge and skills in the basic and in-service training programs. Many of the In-Home standards have been duplicated from the Family Group Model. These standards in brief are directed towards providing a safe

clean environment, establishing caretaker qualifications, insuring adequate nutrition and food service and defining specific child care and program guidelines. Requiring higher (equivalent) standards could be construed by some parents as a violation of their privacy and home by the Department of Welfare unless carefully explained by the Day Care Specialist or social service worker. We strongly urge that the option of In-Home care be exercised only when home conditions and parent attitude indicate that this would be desirable and no other acceptable alternatives are available. In-Home providers, where their use is continued, should operate within the proposed minimum standards developed for them. In-Home caretakers should be encouraged to become licensed under Family Group Care Standards and thus qualify for the proposed higher fees established for this level of care. This would circumvent many of the previously mentioned problems of improving the child's home environment and would be acceptable to many parents as well.

The physical examination for In-Home Caretakers should be provided by the Department of Welfare through county health clinics, hospitals, or direct subsidy. Caretakers and children should be covered by standard liability insurance unless waived in writing by the child's parents.

Pre-service and in-service training programs should be established for In-Home caretakers that include:

1) What Infants need to learn
2) What Toddlers need to learn
3) What Preschoolers need to learn

4) How to plan for children

5) How to interact with children

6) How to assess children

7) Basic first aid instruction

8) Basic fire, health, and safety instruction

In-Home caretakers should be required to spend a minimum of one hour per day in planned, directed interaction with each child. To assist them in implementing a variety of meaningful activities, In-Home caretakers too will be provided with simple learning and playing kits on a monthly loan basis. The homes will be inspected by the Area Day Care Specialist and receive program consultation from the Day Care Mother Advisor on a monthly basis. In-Home caretakers who receive training, comply with the minimum standards, and implement the skills learned in training should receive more than the current level of payment but less than the fee paid for Family Group Care.

The Caretaker Application and Home Safety Checklist should be used by the day care specialist to assess the general qualifications and potential of the caretaker and home environment for providing adequate day care service.

EXHIBIT 1

PROPOSED

MINIMUM STANDARDS FOR IN-HOME CARE

FAMILY LEARNING CENTERS, INC.

February, 1973

MINIMUM STANDARDS FOR IN-HOME CARE

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APPENDIX A: EQUIPMENT FOR CHILDREN

APPENDIX B: CARETAKER APPLICATION AND HOME SAFETY CHECKLIST

MINIMUM STANDARDS FOR IN-HOME CARE

I. IN-HOME CARE

In-Home care shall meet all laws, regulations, rules and ordinances of state, local, and federal governments which apply to its operation.

1. The In-Home caretaker shall be legally responsible for the children in her care.
2. At least one adult shall be present with the children at all times. A written plan shall be made to obtain additional adult help during emergencies. Children shall at no time be left in the care of anyone under sixteen years of age.
3. A physical examination of the caretaker shall be required annually.
4. The In-Home caretaker shall report to the Area Day Care Specialist within twenty-four hours, the following:
   a. Serious injury or death of any child while in the home.
   b. Any fire.
5. The In-Home caretaker shall have standard liability insurance coverage for the protection of both the child and caretaker unless waived in writing by the child's parents.

6. The In-home and caretaker shall be monitored and evaluated monthly by the Area Day Care Specialist.

7. Parent-caretaker conferences shall be held at least quarterly.

II. ADMISSION OF CHILDREN

1. Adult-Child Ratio

   a. Infancy through 6 years. No more than two children under 2 and no more than five in total, including the In-Home caretaker's children under 14 years old.

   b. Two through 14 years. No more than six children, including the In-Home caretaker's children under 14 years old.

   c. The maximum number of children cared for shall be related to the adequacy of play space in each individual home as determined by the Day Care Specialist.

2. All children shall have a physical examination prior to placement and a signed statement from a physician indicating the child is free from communicable or contagious diseases. A physical examination is required annually (preferably every six months for the child under two years of age) and any time the child's general condition indicates the need while the child is in care.

III. CARETAKER QUALIFICATIONS

1. If the caretaker is the sole person providing care, she must be able to secure the services of responsible persons who have agreed in writing to be available to assume responsibility in time of emergency.
2. The In-Home caretaker shall be certified through pre-service and in-service training programs that include:
   a. What Infants need to learn.
   b. What Toddlers need to learn.
   c. What Preschoolers need to learn.
   d. Basic first aid instruction.
   e. Basic fire, health, and safety instructions
   f. How to plan for children.
   g. How to interact with children.
   h. How to assess children.

   If such training is not available, this requirement may be waived until training is available.
3. The caretaker must be at least 18 years of age and no more than 65 years of age. An exception to the upper age limit may be made if the Day Care Specialist's observation and a physical examination by a licensed physician indicate that her health is adequate to meet the needs of young children.

4. The In-Home caretaker shall cooperate with agency service workers and parents of the children.

IV. RECORDS

The In-Home caretaker shall keep the following records:

1. Description of accidents or illnesses occurring while child is in the day care home--including date, time and conditions under which it occurred and action taken.
2. Written child progress notes and observations to be shared with parents and social service workers.

V. HEALTH AND SAFETY

1. The In-Home caretaker shall work toward protecting, maintaining and improving the health of the children.
2. The In-Home caretaker shall have an arrangement with a nearby physician, clinic, or hospital so that immediate treatment can be obtained in emergencies.
3. No medication shall be given except by written authorization of a physician or the parent.
4. Any child showing symptoms of illness during the day shall be removed to a quiet area where he shall receive necessary attention.

5. The In-Home caretaker shall help children acquire habits of good hygiene, techniques of accident prevention, and skill in care of simple injuries.

6. A first aid kit equipped with soap, antiseptic, scissors, band aids, sterile gauze squares, adhesive tape and tweezers shall be maintained. The In-Home caretaker and staff shall be certified in basic first aid procedures.

7. Medicines, poisons, firearms, cleaning substances and other potentially dangerous articles shall be kept inaccessible to children.

VI. NUTRITION AND FOOD SERVICE

1. Meals served shall be planned with the child's daily food needs in mind.

2. For children under one year of age, the In-Home caretaker shall secure from the parents a formula and feeding plan. This plan shall be on file in the home and followed in detail. Formulas shall be clearly identified. In planning diet, the introduction of solid foods, etc., the caretaker shall follow the recommendations of the child's parents. Infants shall be fed individually and preferably shall be held while fed.

3. Children who are in care five or more hours shall have one-third of their daily food needs supplied. This shall include a nutritious mid-morning snack or breakfast, a noon day meal (preferably hot) and a mid-afternoon snack, or supper, depending upon hours of care. Children shall be served a minimum of 8 oz. of whole milk per day. (Soft drinks, candy, potatoe chips, etc., are not considered to be nutritious snacks). A balanced meal shall include one item from each of the four basic food groups.
4. Meals shall be attractively served in an atmosphere which is comfortable and relaxed.
5. There shall be proper provisions and refrigeration for the care of perishable foods and milk.
6. Food equipment shall be:
   a. Clean to sight and touch.
   b. Kept out of children's reach.
   c. Safe.

VII. PROGRAM

1. When planning the child's day, the In-Home care-taker shall consider the age and developmental level of children, the needs of individual children, the experience offered children in their home, and the goals which children's families have for them.

2. The In-Home caretaker shall make provision for alternate periods of active and quiet play. There shall be quiet periods before lunch, before and after unusually stimulating experiences and after vigorous play.

3. The In-Home caretaker shall:

   a. Encourage children to help themselves in washing, dressing, toileting, etc.

   b. Permit children to go to the toilet and get water as they feel the need.

   c. Make provision for active and vigorous play such as water play, pounding, moulding clay, digging, etc., and provide suitable space and equipment.

   d. Make provision for the children to spend a portion of each day outside when weather permits.

   e. Spend at least one hour per day in direct interaction with each child.

4. The In-Home caretaker shall avoid:

   a. Using any disciplinary techniques which are hurtful, frightening, mentally or physically injurious, or humilating to the child; associating punishment with food and rest; associating punishment with illness or toilet training.

   b. Formal instruction in academic subjects beyond the developmental level of the children.

5. With parents' approval, children should have opportunity to participate in activities away from the home such as trips to the store, to a park, etc.
6. There shall be a supervised nap period during the day for pre-school age children.
7. Provision shall be made for each infant to spend at least one hour of each day outside the crib or playpen.

VIII. EQUIPMENT

1. There shall be toys and equipment sufficient in quantity to insure that each child shall have opportunity to participate in many kinds of activities appropriate for his developmental level. These shall be kept clean and in usable condition, stored in such a way that they are accessible to the children.
2. Provisions shall be made for each child to have a comfortable place to nap. Nap equipment shall be kept clean.
3. Each child shall have an individual drinking cup.
4. There shall be a telephone accessible to the home.
5. Some equipment from each group listed in Appendix A must be provided. Many pieces of equipment can be home made.

IX BUILDING AND GROUNDS

1. Any floor defects such as loose tiles or broken boards shall be repaired.
2. All broken steps, railings, or doors shall be repaired.
3. Floors, walls, and ceilings shall be kept reasonably clean.
4. The home shall be adequately heated and ventilated.

X FIRE SAFETY

1. All fireplaces, open-faced heaters, stoves, and hot radiators in rooms used by children shall be:
   a. Adequately protected by guards.
   b. Positioned to give adequate clearance from combustibles such as clothes racks, curtains, furniture, beds, etc.
2. There shall be at least two unobstructed, reasonable convenient exits from the areas used by the children.
3. Fastening devices on exit doors shall be easily opened.
4. The home shall be free from an accumulation of trash, particularly near the chimney, furnace, water heater, or stove, and chimney shall be clean and in good condition.
5. The home fire and safety check list shall be given to the caretaker and reviewed with the caretaker by the day care specialist.
6. If light circuit fuses are in excess of 15 amperes, there shall be a safeguard of approved circuit breakers.

7. All extension cords shall:
   a. Be in good condition (no frays or broken plugs)
   b. Not be hooked over nails.
   c. Not be placed under rugs.
8. Flammable liquids shall not be stored in the home.
9. The home shall be kept free of makeshift heating or cooking devices other than electrical.
10. All electrical outlets and extension cords shall be free from overloading.

XI. OUTDOOR PLAY SPACE

1. The outdoor space shall be safe and easily supervised.
2. The grounds shall be kept clean and free from litter.

XIII. SANITATION

1. The home shall have a water supply that has been approved and tested by the West Virginia Department of Health.
2. The home shall have adequate and sanitary sewage disposal.
3. The home shall be safely screened.
4. There shall be no unpleasant odor around garbage cans.
5. There shall be a satisfactory method of garbage disposal.
6. There shall be a sink and adequate hot water supply to sterilize cooking and eating utensils.

7. Sink and surrounding area shall be clean and free from odors.
8. Bathroom toilet shall be kept clean.
9. Mattresses and bedding used by the children shall be kept clean and free from odors.

APPENDIX A

EQUIPMENT FOR CHILDREN

Some equipment from each of the groups listed below should be provided. Many pieces of this equipment can be homemade.

MANIPULATIVE

Wooden puzzles
Lego
Tinker toys
Peg boards/pegs
Beads or spools to string
Pounding board
Parquetry blocks
Lacing boot
Hammer and nail sets
Busy board (lock board)
Nuts and bolts
Balancing clowns
All by himself and herself books
Bag-o-blocks
Prisms
Magnifying glass
Tuning Fork

DRAMATIC PLAY

Dress-up clothes and costumes (Men and women)
Jewelry, shoes, purses, hats
Dolls and doll clothes
Doll beds
Mirror
Iron
Ironing board
Telephone
Rocking chair
Cuddly toys
Pots and pans
Tea sets
Small tea table/chairs
Child-size stove, cupboard, sink, refrigerator
Broom, mops, dust pan
Assorted food cans, boxes, paper bags, etc.

SCIENCE

Color paddles
Aquariums/fish
Pets--turtle, bird, fish
Cages for insects, pests, etc.
Plants
Magnets
Flash light
Cooking utensils for cooking experience
Gardening tools
Old clock, radios, etc. to take apart
Other nature and science items grown and collected by teacher and children
Kaleidoscope
Top

BLOCK BUILDING

Unit blocks
Hollow blocks
Cardboard block busters
Transportation toys--large and small trucks, trains, tractors, planes, etc.
Wood or rubber people
Wood or rubber animals

OTHER

Puppets
Play money and cash register
Punching bag
Play screen for stores, puppets, etc.

MUSIC

Record player
Assorted records
Rhythm instruments
Autoharp or other instruments

CREATIVE ACTIVITIES

Clay
Play dough
Crocks, jars, etc. for clay storage
Paste
Large crayons
Chalk - colored
Tempera paints
Scissors, blunt point
Long handle brushes, soft and bristle
Large pencils
Finger paints

WOOD WORKING

Work bench/vise
Hammers
Nails and tacks
Saw
Screw driver
Ruler
Soft wood
Sandpaper
Paints
Wheels, bottle caps, strings, etc.

OUTDOOR

Bean bags
Balls
Jump rope
Swings
Mounted steering wheel
Large building blocks
Sand box
Sand toys
Tricycles
Jungle Gym

BOOKS

Storybooks
Magazines
Catalogs

Paper: Newsprint
Manilla
Finger Painting
Construction
Sponges
Easel
Smocks
Collage

INFANTS (Categories--soft washable, chewing, creeping noise)
Mobiles
Teething toys
Cuddly toys
Dolls
Pictures
Balls, med. sized, soft
Rattles
Cloth books
Baby walker
Rider truck

OUTDOOR

Wheel barrow
Wagons
Climbing equipment
Large wood boxes
Boards, planks, ladders
Barrels, pipes, drums
Tubs, pans, hose, etc. for water play
Play house

GAMES FOR SCHOOL AGE

Pick up sticks
American logs
Card games, e.g., Old Maid
Parchesi
Lotto
Anagrams
Scrabble
Dominoes
Bingo
Marbles
Puzzles
Assorted games, e.g., checkers,
Uncle Wiggly, Candyland

TODDLERS (Categories--Action
Creative, Dramatic)

Riding toys
Push toys
Pull toys
Snap beads
Indoor Climbing Equipment
Lacing shoe
Telephones
Dolls
Cuddly toys
Pounding board
Colorful, simple books
Balls--big, rubber
Stack toys
Beads to string
Simple wood puzzles
Block busters
Blocks
Lock boards
Giant magnifying glass
Mirror
Noise making toys

APPENDIX B

WEST VIRGINIA DEPARTMENT OF WELFARE

IN-HOME AND FAMILY GROUP DAY CARE HOMES

CARETAKER APPLICATION AND

INSPECTION CHECK LIST FOR FIRE, SAFETY, SANITATION

NAME OF CARETAKER_____ TYPE In-Home___ Family_____

ADDRESS_____ TELEPHONE _____

DATE OF INSPECTION_____ AREA OFFICE_____

APPROVED _____REINSPECTION DATE_____

CONDITIONALLY APPROVED_____REINSPECTION DATE_____

NOT APPROVED _____

DEFICIENCIES AND RECOMMENDATIONS:

INSPECTION BY_____

TITLE _____

CARETAKER APPLICATION

NAME OF APPLICANT_____ DATE_____

ADDRESS_____ TELEPHONE _____

_____ FAMILY GROUP_____

IN-HOME _____

HIGHEST LEVEL OF EDUCATION ATTAINED 4 5 6 6 7 8 9 10 11 12 1 2 3 4

DESCRIBE ALL CHILD CARE RELATED TRAINING AND INSTRUCTION:

Yes____No____ Is applicant willing to participate in child care training?
Describe all child care experiences:

Yes____No____ Has applicant been approved as a caretaker previously?

Date approved_____ Date terminated_____
Reason for termination:

____ How many children is applicant willing to care for?

Yes____No____ Will the applicant care for children outside of her family?

Yes____No____ Does the applicant have standard liability insurance for her home?

Yes____No____ If no, is she willing to purchase minimum coverage?

Yes____No____ Has applicant received a physical examination including tests for T.B.?

If Yes: Name of Physician_____

Address_____

Date of Physical_____

Yes____No____ If No: Has appointment and transportation been arranged?

Yes____No____ Did the applicant pass the physical examination?

Yes____No____ Does the applicant's past health history indicate she can provide consistent care?

Yes____No____ Does the applicant appear to enjoy caring for children?

Yes____No____ Can she offer consistent supervision and discipline?

Yes____No____ Does the applicant demonstrate a genuine interest in children?

Yes____No____ Is the applicant free from obvious bizarre behavior and mannerisms?

If No describe:

Yes____No____ Is applicant willing to cooperate with agency service workers and parent of the children?

FIRE

No	Yes		
		1.	Are fireplaces, open-faced heaters, stoves, hot radiators in rooms used by children:
___	___		a. Adequately protected by guards?
___	___		b. Positioned to give adequate clearance from combustables such as clothes racks, curtains, furniture, beds, etc.?
___	___	2.	Are there at least two unobstructed, reasonably convenient exits from the areas used by the children?
___	___	3.	Can fastening devices on exit doors be easily opened?
___	___	4.	Is the home adequately heated and ventilated?
___	___	5.	Is the home free from an accumulation of trash, particularly near the chimney, furnace, water heater, attic, basement, and closets?
			Note exceptions: _____
___	___	6.	Are the flues and pipes from the furnace, heater, or stove, and chimney clean and in good condition? Note exception: _____
___	___	7.	Is the furnace or heating system inspected and certified annually to assure proper functioning? Date of last test _____
___	___	8.	Fully charged approved fire extinguisher(s) in the home? Date of last test _____
___	___	9.	Has the home fire and safety check list been given to the caretaker and reviewed with the caretaker by the inspector?
___	___	10.	Are the light circuit fuses in excess of 15 amperes? If yes, is there the safeguard of approved circuit breakers?
		11.	Are all extension cords:
___	___		a. In good condition (no frays or broken plugs)
___	___		b. Hooked over nails?
___	___		c. Under rugs?

NO YES

___ ___ 12. Are flammable liquids stored in the home? If yes, are they kept in tightly closed metal containers?

___ ___ 13. Is the home free of makeshift heating or cooking devices other than electrical?

___ ___ 14. Are all electrical outlets and extension cords free from overloading?

DWELLING SAFETY

___ ___ 1. Are there any floor defects such as loose tiles or broken boards?

___ ___ 2. Are there any broken or missing steps, railings, or doors?

___ ___ 3. Are medicines, poisons, firearms, cleaning substances and other potentially dangerous articles inaccessable to children?

___ ___ 4. Is there an arrangment with a nearby physician, clinic or hospital so that immediate treatment can be obtained in emergencies?

___ ___ 5. Are floors, walls, and ceiling reasonably clean?

___ ___ 6. Is there a first aid kit equipped with soap, antiseptic, scissors, band aides, sterile gauze squares, adhesive tape, disinfectant and tweezers on the premises?

___ ___ 7. Is the caretaker certified in basic first aid procedures?

SANITATION

Water supply source_____.

If water supply is from a well, has well been approved and water tested by the West Virginia Department of Health.
Date of last test:_____

Type of sewage disposal_____.

___ ___ Is it adequate and sanitary?

GENERAL SANITARY CONDITION OF HOME AND PREMISES

No	Yes		
____	____	1.	Is the house safety screened?
____	____	2.	Is a satisfactory method of garbage disposal used? What is the method_____.
____	____	3.	Is there any unpleasant odor around garbage cans?
____	____	4.	Is there a sink and adequate hot water supply to sterilize cooking and eating utensils?
____	____	5.	Is sink and surrounding area clean and free from odors?
____	____	6.	Is the bathroom toilet clean?
____	____	7.	Are the mattress and bedding used by children clean and free from odors?
____	____	8.	Is there refrigeration for the care of perishable foods?
		9.	Is the food equipment:
____	____		a. Clean to sight and touch?
____	____		b. Out of children's reach?
____	____		c. Safe in appearance?
____	____	10.	Does housekeeping (walls, floors, clutter, storage) meet acceptable standards? If no describe shortcomings:_____ _____ _____

Recommendation D: Staff Development. Develop education and training programs that are compatible with the objectives and with the delivery options available.

Staff development through education and training includes a variety of persons who are involved in the model day care system. The staff of the system includes center directors, paraprofessional center staff members (teachers, teaching assistants, teacher aides, child development associates, and others who interact with children), paraprofessional family group mothers, paraprofessional in-home mothers, area welfare office day care specialists (see Recommendation F), and day care mother advisors (see Recommendation F).

We believe, after examining the resources of West Virginia, that education and training based on explicit objectives, previously determined, is the primary means of attaining better quality child development opportunities. We also believe that it is unrealistic to expect that large enough numbers of college graduates in the fields of child development, day care, or early childhood education will be available, or attracted to the day care system in the roles of directors, center staff, or group-home care. We also do not believe that college credentials are essential for many of the roles within the model system. The best alternative, of course, is to develop the talents of present and potential paraprofessional personnel through pre and in-service training programs. The emphasis for present center staff members, family group mothers, and in-home mothers will be on in-service training. Potential caretakers can be recruited to

engage in short-term preservice training programs and after licensing, or approval, these persons can participate in the in-service training program.

We recommend that a major emphasis be placed on developing a basic training program designed for paraprofessional persons who work directly with children. There are three groups to be considered: Paraprofessional Family Group Mothers, In-Home Mothers, and Center Staff Members. This program, in-so-far as possible, should be skill oriented. The program should be transportable. That is, it should be available for small groups anywhere in the state. It should be arranged in short, self-contained segments and in the best sequence possible. The effects of the program should be included as one aspect of the system to be evaluated through the monitoring and evaluation program in Recommendation E.

This transportable, modular training program should be delivered through the auspices of the Area Day Care Specialist and his staff of Day Care Mother Advisors. The Area Day Care Specialist and the Day Care Mother Advisors represent professional and paraprofessional roles, respectively, which are recommended in this report as a part of the model system. The Area Day Care Specialist is the person in each Area Welfare Office directly responsible for licensing, approval, training and monitoring of day care services in the area. The Specialist is designated as the day care authority in an area office. The Specialist supervises a staff of Day Care Mother Advisors. These Advisors are paraprofessionals who train, monitor, and

supervise Family Group and In-Home Mothers under the direction of the Day Care Specialist. The Advisors travel into the homes of In-Home and Family Group Mothers for one day each month. Each Advisor supervises approximately fifteen providers of care. Her schedule will be to provide her services to each Day Care Mother on a regular basis and to spend five days per month in her own in-service training, report writing, and planning for subsequent visits to each of her Day Care Mothers.

The Day Care Specialist will supervise approximately five of the Day Care Mother Advisors and will be responsible for the monitoring and evaluation of five center-based operations. If there are more than 75 non-center and more than five center-based situations in an area, an additional Day Care Specialist is needed. The ratio for one Day Care Specialist is five centers and five Day Care Mother Advisors. The Day Care Specialist will spend one day per month with each of the Advisors assigned as she does her work with a Day Care Mother. The Specialist also spends one day per month in each of the five centers for which (s)he is responsible. The completion of the center and non-center visits will require ten days per month. An additional five days of the Day Care Specialists' time is spent in in-service training with the staff of Advisors, in-service training for himself, completing evaluations of each center and Advisor, and planning for training activities. The other five days per month are spent in reviewing approvals, licensing new centers, licensing new Family Group Homes, conferring with social service workers with respect to day care

needs, and so on.

We recommend that the Day Care Specialists be designated immediately and that they participate in the development of the objectives in Recommendation A. The Day Care Mother Advisors should not be added to the system until the staff development programs recommended in this section are completed and ready to be implemented.

The first training program to be developed is the training program for all the paraprofessional center staff and non-center based mothers. A general outline of such a training program will include the following, but not necessarily in this order:

I. General Knowledge

A. Policies and Procedures

1. Health — also 1st Aid?
2. Safety
3. Fire prevention
4. Nutrition
5. Record keeping

B. Child Development

1. Principle landmarks
2. Ways children learn

II. The Objectives for Children

A. Motor Development
B. Social/Personal Development
C. Intellectual Development

III. Activities and Procedures Used to Attain Objectives (Curriculum and Teaching)

A. Setting up Learning Situations - Planning

B. Interacting with Children
C. Observing and Recording Child growth and learning

IV. Attitudes and Ethical Behaviors that Help Children

In addition to the Basic Program outlined above, three different supplementary training programs must be developed to help the center staff member, the Family Group Mother, or the In-Home Mother to apply what they have learned in the particular settings in which each will be working.

We recommend that certificates be awarded to those who can demonstrate competency in the skills developed in training and that higher fees be paid to certified persons who actually use these skills in their work with children.

In addition to the above Basic and Supplementary Staff Development programs we recommend that the following training programs be developed:

1. Day Care Mothers Training Program

   This program will include everything that is in the Basic Program plus training in supervisory, evaluative, adult teaching skills.

2. Day Care Specialists Training Program

   This program will include the Basic and Supplementary programs and, in addition, will include training in the processes of teaching the Basic and Supplementary programs.

3. Center Directors Training Program

   This program will include the Basic and Supplementary

programs and, in addition, will include training in the following:

a. Leadership
b. Use of human and material resources
c. Program planning
d. Program budgeting
e. Program organization
f. Fiscal management

Specific Recommendations Related to Staff Development

1. Encourage the development of day-care worker training programs in the vocational technical schools by actively working with the directors, giving them copies of the objectives for the day-care system, providing outlines of the training programs developed through the system, recruiting irdigent people for the training programs, providing successful students opportunities to become Family Group Home Mothers, In-Home Mothers, or helping them to locate vacant center-staff positions.
2. Provide financial incentives to centers whose staff members successfully participate in staff development and implement developmental curricula.
3. As much training for non-center based providers as possible should be conducted by paraprofessionals recruited from the same socio-economic background being trained. (This component has proven to be very effective in several Follow-Through and Home Start Models.)

Recommendation E. Develop a monitoring and evaluation system related to the Objectives (A), the Delivery Options (C), and the Staff Development Program (D).

Monitoring and evaluation is essential to the continued renewal of any public program. Evaluation is basically a process for collecting reliable information necessary to make decisions with respect to program effectiveness, training needs, payment schedules, and cost-benefit analyses. We recommend that the implementation of a model day care center have at its base a comprehensive evaluative strategy.

Both the training programs for all types of day care workers and the programs for children in each setting should be monitored and evaluated. In addition, these evaluation strategies should include both process and outcome information. Process evaluation refers to the on-going process of gathering information to determine if a program is being delivered to its recipients in the way it is supposed to be, and that its immediate effects are of the magnitude and type desired. For example, observing in a day care center each month may reveal that there is no staff planning. If staff planning is a part of the process of center-based care, then this factor can be corrected. Outcome (product) evaluation refers to the collection of information designed to test the overall effects of the program on its clients over a stated period of time. For example, if increased motor skills among day care children is an objective, then an evaluation of outcome would indicate the amount of growth in motor skills over a period of one year (or

any specified time period) by the use of reliable measuring instruments.

We recommend that both training programs and programs for clients be evaluated using both process and outcome strategies. Within the training programs those responsible for training should be the target of process evaluation in order to determine the degree to which the training is delivered. Also, the outcome (products) of the training programs should be evaluated both with respect to the immediate changes in the participants and to the longer-range changes in the participants. The evaluation strategy for training, therefore, should be designed to answer three questions: (1) Is the training being conducted as it is supposed to be?; (2) Does the training program produce changes in the skills of the trainees?; and (3) Do these changes carry over into on-the-job performance?

The evaluation strategies for the day care programs (Family Group, In-Home, Center) should also be based on the need to collect and use information on both the process and outcome of each type of child care. There should be process information collected on each caretaker (Family Group Mother, In-Home Mother, and Center Staff Member) which can answer the question: Does the caretaker deliver the program to the child that is supposed to be delivered? The second strategy relates to outcome data and should be gathered in response to the questions: Does the program have the desired effects (as described by the objectives for this particular kind of care) on the children involved? Does the program have the desired effects on the

parents involved?

We specifically recommend: (1) that the process evaluation of all day care programs be frequent, e.g., once per month; (2) that outcome evaluations be conducted annually, at least on a random sample of children and parents which is representative of the state day care program; and (3) that all evaluation be based on the objectives adopted for children, parents, staff, and the state under recommendation A.

We further recommend: (1) that monitoring and evaluation be built into the functions of the Area Day Care Specialist and the Day Care Mother Advisors; (2) that specific observation instruments and checklists be developed for the process evaluation procedures; (3) that a process evaluation system be designed for use at the area level in which there is a feedback system to the day care provider; and (4) that the process evaluation system be designed to monitor the functioning of the Day Care Specialist and the Day Care Mother Advisors as well as day care provider.

Recommendation F. Implementation. Design a system for implementation based on the objectives, public education, the delivery options, the staff development program, and the evaluation strategies created as a result of Recommendation A through E.

The improvements to the system will reflect the decisions made by West Virginia with regard to objectives, public awareness, the day care options, the staff development and training programs and the evaluation methods. Each of these areas has been carefully explored and specific recommendations have been made which we feel are tailored to the needs and characteristics of West Virginia. To plan, coordinate and direct the many efforts and people who are charged with the responsibility of seeing that day care effectively delivers what is intended, we recommend the appointment of a Director of Day Care at the State level. This Director would be responsible for the implementation of the day care recommendations as they become finalized, in each of the above areas. The Director should be a member of the task force created to define the objectives for each day care option and for each stakeholder in the statewide Day Care Program. The position can be filled from within the licensing unit. The four functional areas may easily be staffed from within the Department of Welfare except for the training and curriculum and public awareness functions.

The next level of personnel in the day care hierarchy is the Day Care Specialist (s) in each area office. This position should be a full time job, have professional status, and can also

be filled from within the Department of Welfare in many cases. The qualifications for a Day Care Specialist are comparable to the Social Service Worker II. There should be at least one specialist in each area office, with additional specialists in areas where day care needs and services are greatest. Specialists will receive training in day care which will enable them to competently inspect and license Family Group and In-Home caretakers and follow-up with monthly evaluations of these day care providers. The specialist will be directly responsible for the monthly evaluations of all day care facilities in the area. The specialist will supervise and provide supplemental training for and evaluate the Day Care Mother Advisors.

These Day Care Mother Advisors are key paraprofessionals at the grass roots level. The success or failure of the preceding work and money will be determined by their ability to motivate the Family Group and In-Home caretakers to use the concepts, training and materials on a day-to-day basis. Advisors are local, indigenous persons with high instructor potential. They visit, monitor, evaluate, teach, and loan instructional materials (toys, reading books, etc.) to the non-center based paraprofessional caretakers, i.e., the Family Group Home Mother and the In-Home Mother. These non-center based paraprofessional personnel are employees of the State Welfare Department. A second group of paraprofessionals are those who work directly with children in center-based care. These paraprofessionals are employees of the centers.

As previously stated (Recommendation D), we recommend that the training of all these persons (except center-based personnel) be the responsibility of the Department of Welfare either through

a direct training program or purchase of appropriate training.

The following is an implementation plan:

Step I

(a) Appoint and concentrate authority in a State Director of Day Care.

(b) Establish a task force to specifically define the objectives for each option and for each stakeholder in the statewide Day Care Program. Provide staff and financial support to the task force.

(c) Assess the present levels of public education and awareness with respect to early learning, child development, child care, and day care in preparation for a statewide public education program. This step can be simultaneous with I (b).

(d) Design administration of the day care system, reallocate Area Office personnel so that each of the 27 offices has a Day Care Specialist to implement new standards and licensing requirements.

Step II

(a) Create the "Curriculum for Children" and the Curriculum for Trainees".

(b) Train the 27 Area Office Day Care Specialist; Day Care Mother Advisors (welfare recipients who train other caretakers on a 1:15 ratio), and Center Advisors (Area Office Day Care Specialist or an assistant with special knowledge of center operations) in the newly devised curriculum.

(c) Design a monitoring and evaluation system for all

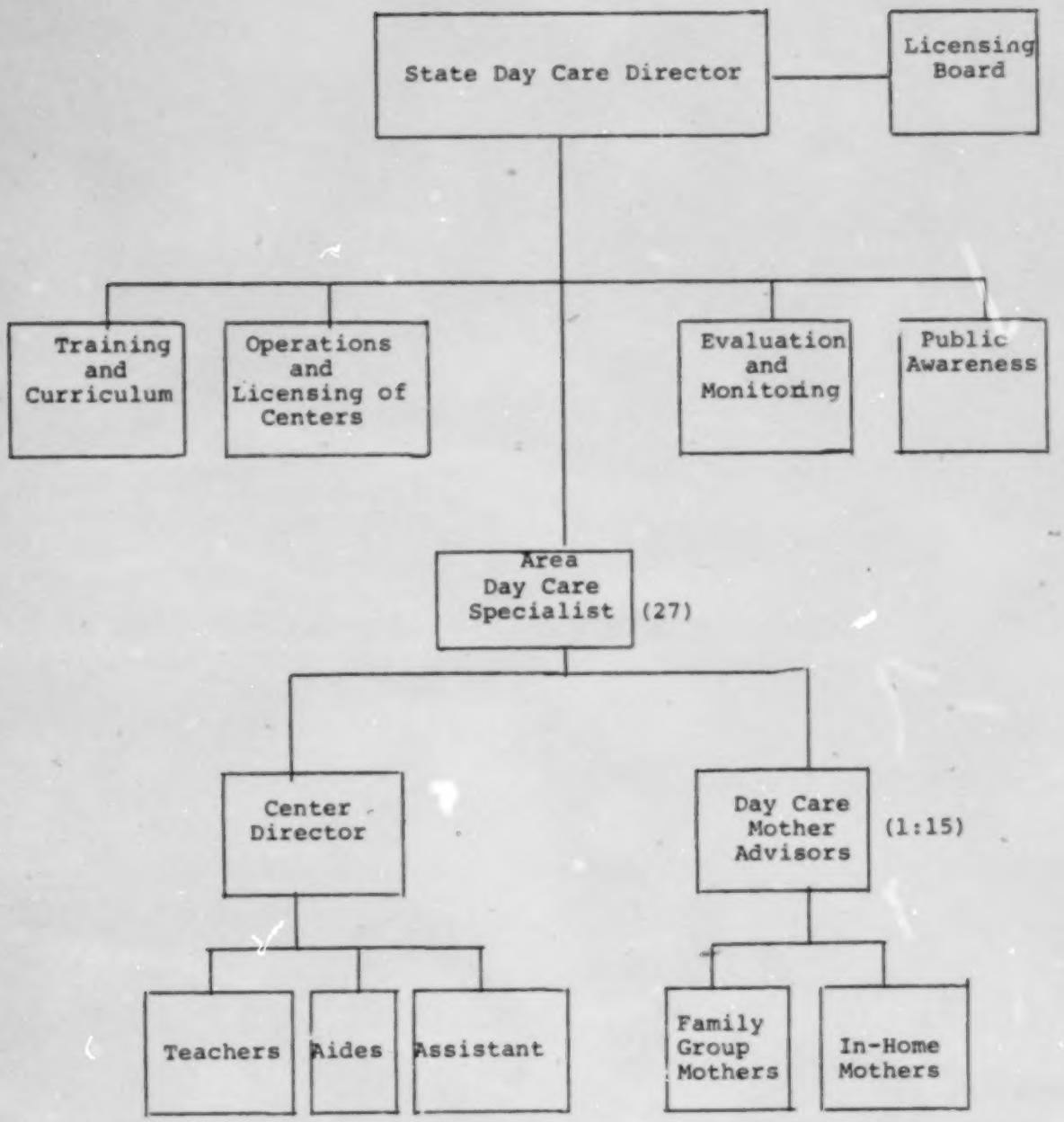
trainers, advisors and caretakers on the state Area Office and local levels.

(d) Assess and fill operational needs (for example, materials, supplies, transportation, etc.)

(e) Deliver appropriate public educational and awareness materials to the public.

Step III

Delivery of the newly created curriculum through Area Office Day Care Spcialists, Center Advisors, and Day Care Mother Advisors and caretakers to the children of West Virginia


State Day Care Director
Licensing Board
Training and Curriculum
Operations and Licensing of Centers
Evaluation and Monitoring
Public Awareness
Area Day Care Specialist
(27)
Center Director
Day Care Mother Advisors
(1:15)
Teachers
Aides
Assistant
Family Group Mothers
In-Home Mothers

APPENDIX V TRANSPORTATION

INTRODUCTION

One of the essential components of any program is the accessibility of that program to those for whom it is intended. In order to make a quality child care program available to the people of West Virginia, a basic question must be answered. How can any such program be made accessible to these children?

The present study on transportation was undertaken to assist in answering the above question. Various means of travel in West Virginia and their feasibility for use in a day care delivery system were studied.

By evaluating the current means of transportation for the general public and specifically for children, and by estimating future developments, conclusions can be drawn upon which to base the transportation component of a day care delivery system.

The specific objectives of the transportation survey can be succinctly stated. They include:

1. The assessment of current modes of transportation:
   a) for the general public, and
   b) for children specifically;
2. Ascertaining future transportation trends;
3. Drawing conclusions based on data collected from the state, welfare area, county, and local levels on both current and future transportation needs; and
4. Making recommendations for a delivery system based on the first three evaluations.

PROCEDURE

To meet the objectives of the present study, data was secured from Federal and State Departments of Transportation, several divisions of the Department of Highways, the Public Services Commission, and the State Board of Education. These surveys provided general information and specific statistical data for a state profile.

Area Welfare Administrators and their staffs were interviewed with respect to clients' needs and general local transportation complexities. Evaluations by County Directors of Transportation provided a third source of field data based on Welfare Areas.

The caretakers and parents of children who need day care were the fourth source of data. This data was collected through personal interviews conducted in the parents' homes and in day care facilities.

On the basis of the data collected from these sources, conclusions and recommendations were made with respect to the alternatives available to fulfill the day care transportation need.

TRANSPORTATION RESULTS

Highway Analysis

The basis of the state transportation system is the network of roadways created by the State and Federal governments. It is important to understand the current and past accomplishments and problems of this network's administrators.

The West Virginia Department of Highways has had the distinction of "finishing fourth in the nation in total contracts awarded during 1971 and in mileage constructed or improved, third in total federal aid contract awards, and second in both Interstate contracts and other federal aid awards, according to Federal Highway Administration tabulations".[1] In highway construction, West Virginia is one of the outstanding leaders in the field.

However, the achievements in construction must be seen in the light of two basic facts. First, in other states, counties share jurisdiction over roads which is not the case in West Virginia. There is no form of government authorized to levy local taxes for road purposes. Second, the construction cost per mile in West Virginia averages between one and two million dollars as compared with two to three hundred thousand dollars in other states.

Of total construction money:

1. 61% is involved in Interstate or Appalachian expressway programs;

[1]"Annual Report", West Virginia Department of Highways, 1971, P. 5

2. 19% is spent on maintenance;

3. 15% is spent on

   a) Debit services (6%)

   b) Operating Costs (7%)

   c) Miscellaneous Costs (2%); and

4. 5% only remains for state construction.[2]

With no additional funds (lack of county tax system for roads) and the comparatively high construction costs (because of the natural terrain), the causes of the transportation difficulties found in rural West Virginia are more easily understood.

[2]"Annual Report", West Virginia Department of Highways, 1971, P. 22.

Public Carrier Analysis

The major conveyances available for the general public are the inter-city and the intra-city bus systems. The Public Services Commission in Charleston maintains a detailed, index card system which lists the routings or authorities that maintain routes throughout West Virginia.* Because of continual changes in these authorities as a result of increased or decreased demand for servicing, no maps are recorded with the Commission's office. All carriers maintain listings and in some cases maps of their own individual vehicles' operations.

Although it is unrealistic to suggest transporting pre-school children on public buses, these routing data are useful in selecting sites for day care personnel training centers. These data, however are useful for the larger metropolitan areas only. Adequate bus service is not available to much of West Virginia. The operations of public carriers, as they now operate, are not feasible for transporting the pre-school child. Other alternatives must be found.

*See Exhibit 1

County Bus Systems

The public school bus system is a major and relatively comprehensive transportation system created for children. The State Board of Education requires the counties to follow specific rules and regulations as set forth by Federal guidelines. The State Board administers the state-wide school program, but the County School Boards retain the actual decision-making responsibility for the local school bus system.

In order to better understand the county school boards' transportation problems, approximately 50% of all county transportation directors were interviewed in person, and the remaining 50% were contacted by phone. Local Transportation Directors stated that they were the authority most familiar with (1) the locales where the need for transportation services to children are present, and (2) the condition of local roads for access to these children.

The basic objectives of the interviews were to:

1. Determine the scope of services rendered;
2. Ascertain local problems and attitudes regarding bus transportation; and
3. Secure maps of current school bus routes.

The rationale for requesting these maps of the current county school bus system was to study them as a potential basis for a day care transportation system. Because of state law, all children who live more than two miles from a school must be either (a) transported to the schools by the Board of Education, or (b) compensated for travel. These routings

not only provide an accurate picture of need, but also indicate the ability to fulfill this need.*

Those directors interviewed stated that they go beyond the servicing required by state law. Most of the counties provide service to students who live less than two miles from the school. In many cases, children are transported from in front of or quite near their home, thus minimizing their travel time and reducing roadway hazards.

Without exception, all directors interviewed stated that they were able to pick up almost 100% of the children who needed transportation. In those cases where they were unable to do so, a travel reimbursement is made. In these cases, access to the rural location is hampered due to the condition of the local roads. The maps show the roads which currently meet the standards for the operation of school buses and which are used to fulfill the school transportation need.

The major problem encountered by the Transportation Directors was to obtain new school buses to meet increased servicing needs and as replacement vehicles for inoperable vehicles. The creation of statewide kindergarten programs greatly increased the need for additional vehicles, although currently most counties are able to meet capacity requirements.

A day care transportation system could be based on the

*See Exhibit 2.

school bus routes and cost estimates computed from the counties' past experience. However, a day care transportation system could not be added to the existing system without a specific feasibility study on a county by county basis.

Lay Transportation Opinions

So as to supplement the data about transportation received from the state, welfare area, and county level, opinions from Center Directors, teachers, parents, and caretakers were solicited. Although all 27 area offices were visited in conjunction with the total day care study, six area offices were selected for an additional visit made specifically to collect citizen's opinions. Opinions were solicited from the Area Administrator, the Social Services Supervisor, and Day Care Specialist. These interviews allocated for (1) personal evaluations of transportation complexities, (2) the assessment of the degree of transportation problems, and (3) any personal suggestions for rectifying these problems. All of the Day Care Centers in each of these areas were visited for the purpose of further dialogue with directors and teachers concerning the local situation. In addition to visiting these centers, as many non-center based locations as could be seen in the time allocated were visited.

Without exception, transportation emerged as one of the prime concerns for day care placement. Only in the largest metropolitan areas, which have public transportation, was the concern lessened about the lack of public systems. They

also expressed doubt that facilities created for the general public could fulfill the need for private transportation within a day care delivery service.

CONCLUSIONS

The following conclusions and recommendations regarding transportation are based on data collected from the previously enumerated sources. These data, of both an objective and subjective nature, allow general and specific conclusions to be drawn. It must be noted, however, that these conclusions are based on current data and the situations described will not remain stable for an extended period of time.

Several general conclusions may be made concerning transportation throughout West Virginia:

1. Due to limitations on funding at the present time and high construction costs, the rural population can expect only routine maintenance and little construction on the present roadways over the next few years. The Interstate and Appalachian systems now planned and under construction will have only minor impact on reducing the day care transportation problems. In five years, the now-planned Federal programs will be concluded and West Virginia may find available some Federal funds for road construction other than expressways, but no one at this time can predict the availability of these funds.

2. Public transportation carriers (mainly buses) as they now operate are not a feasible means for transporting day care children. These carriers have been eliminated from current consideration because they do not service the areas of greatest need, adequate on-board supervision is not present, and they cannot operate within the time and distance constraints necessary for transporting this age group.
3. County Boards of Education can neither expand service to all existing centers nor provide service to needed day care operations without additional and adequate funds necessary to provide a workable system.

More specific conclusions may be drawn for Center and Non-Center based day care.

I Existing Centers

Transportation to the majority of the Centers, with the exception of the OEO centers, is provided by private means (mostly automobiles driven by parents). Transportation may be considered a problem by Area Welfare Office personnel, caretakers, and parents; but to those Center Directors interviewed, it was not considered a major concern. Obviously, the transportation responsibility would fall upon these Directors. However, few of the Center Directors had ever been questioned to a significant degree about providing transportation. None of these Center Directors thought that the cost of supplying transportation by the Centers could be borne by the children's parents, and all said that Center budgets cannot bear the expense under the current fee schedules. In the majority of existing centers, the entire responsibility for transportation is placed on the parents. If they cannot provide it, they are forced to find alternate means of child care.

II Existing Non-Center Based Care

Only minimal transportation problems are associated with non-center based day-care as it presently exists. Transportation to these facilities is accomplished by parents, friends, or caretakers who either walk or drive the children to the caretakers' home. The distance to the facilities ranges from zero (In Home or Family Care) to

less than an average of 1/3 mile (Family or Neighborhood Care). The variation in these distances is so small that it can be discounted. The established procedure of the welfare approval system for non-center care has been one of almost total acceptance of whomever the mother chooses to care for her child. Because the mother's selection is infrequently challenged, the child is often placed in a home very much like his own and normally, with respect to transportation, for the convenience of the mother. This factor in itself eliminates major transportation problems for parents and caretakers as non-center based care now exists.

If a goal of the West Virginia citizens is to have enriched non-center based day care, it can only be accomplished by (1) selection of caretakers on factors in addition to convenience, (2) a training program for existing caretakers which implies that transportation for the trainees must be found, and (3) the transportation of children from their homes to a home in which the caretaker has received basic child-care training.

If the Department of Welfare is to encourage the operation of Day Care Centers or establish enriched non-center based care to meet the day care need, several factors should be studied regarding transportation prior to the actual site selection for:

I Projected or New Day Care Centers

One premise behind the establishment of a Day Care Center is that both the needs of children and the needs of the operational facility are met. The basic need of the children in regard to transportation is their accessibility to the center. The basic need of the center regarding transportation is that transportation must enhance its ability to reach capacity and hence meet its service or profit goals.

It is apparent that density (number of children who need day care services within a given geographical area due to the mothers' work or training involvement) and accessibility (transportation feasibility within time and distance constraints) are the keys to site selection. If a market study for a specific site location shows that a transportation problem exists, then specific cost calculations must be made for that site encompassing all variables. (time and distance to the children, condition of roadways, routings necessary and so on.)

II Enriched Non-Center Based Care

If an upgraded eligibility system is established for non-center based caretakers in which children can be placed only in homes approved on these new standards, then transportation will become more of a problem than it now is. It is quite possible that newly approved homes might not be in the immediate neighborhood, thus resulting in the need for a specialized transportation system.

One point emerging from the present data is that no matter how desirable certain goals may be, the method used to attain the goal must be examined for its effects on a total system. For example, it is apparent that the method for improving non-center care suggested above may result in high transportation needs and may reduce the decision-making rights of a parent.

RECOMMENDATIONS

More children can be transported from their homes to existing, projected, or new centers, or to non-center based homes, through implementation of one, or more of the following recommendations:

1. As determined by work schedules, vehicle availability, and so on, some parents can provide transportation for their own children if provided with a financial incentive. This strategy will encourage the use of center based care or enriched non-center based care. This can be accomplished by payment of a set amount, an amount per mile traveled, or a credit to day care fees.
2. Carpools (rotation of parents' cars) can be established within a confined locale (neighborhood) for transporting children either on a door to door basis or from a centralized pick-up point to enriched caretaker homes or to centers. To work efficiently, it is necessary to minimize travel distance by transporting children from an area of heavy need to an area which includes several approved homes or a Center. This plan cuts down on travel time.
3. If neither (1) or (2) is feasible, a neighborhood driver can be retained. A local resident or a non-resident driver hired to service a neighborhood can transport children daily by using his own vehicle. He could be paid on distance traveled and/or on

a per-child basis. This system again depends on closely limiting the pick-up area and the delivery area in order to utilize the system most efficiently.

4. Another alternative may be found if there is no one in the child's neighborhood who can provide transportation. Caretakers approved under the new standards could be offered a financial incentive to pick up and return the child to his home. If this service could be provided by the vendors, it would encourage the use of their services. Other alternatives are available if it is not feasible to fulfill transportation needs through the use of privately owned vehicles.
5. It is possible to contract for bus service through public or private carriers to operate vehicles specifically for the children. Currently, approximately fifty carriers operate in the State (See Exhibit 1). Due to the continual changes in the services offered and the need for precise information for each route, it was considered impractical to secure specific cost data for this study. Cost data, of course, can be collected from specific carriers for each feasibility study for new day care locations.
6. The final alternative is for the centers or a sponsoring agency to purchase and operate buses. These buses can transport children to the centers or transport

them from their homes to the non-center based locations. It is possible that an agreement could be worked out with local school boards for maintenance and service. Data are available with respect to current costs. These data available through the State Department of Education can be used to project costs of this type of system.

EXHIBIT 1

BUS OPERATORS

General Public

Black & White Transit Co., Inc.
Grundy, W.Va.

A.M. Bolen
Mount Hope-Alley Bus Lines
Mount Hope, W.Va.

Central West Virginia Community Action Association, Inc.
Clarksburg, W.Va.

City Lines of Fairmont, Inc.
Fairmont, W.Va.

City Lines of West Virginia, Inc.
Clarksburg, W.Va.
(cert. leased to City Lines of
Fairmont, Inc., & City Lines of
Parkersburg, W.Va.)

Co-operative Transit Company
Wheeling, W.Va.

Galen Lane Ellis
Clay Transportation Company
Clay, W.Va.

Greyhound Lines, Inc.
Chicago, Illinois
Cleveland, Ohio
Lexington, Ky.

Harper's Ferry Transportation Company, Inc.
Harper's Ferry, W.Va.
(Charter Service)

Kanawha Valley Limousine Service, Inc.
South Charleston, W.Va.

Kanawha Valley Regional Transportation
Authority a Public Corp.
1550 W. 4th Avenue
Charleston, W.Va.

Lake Shore System, Inc.
Columbus, Ohio

BUS OPERATORS

General Public - Continued

Logan County Transportation, Inc.
Logan, W.Va.
NL-Passengers Exp. (6/30/73)

John T. McNelly
Central Cab
Waynesburg, Pa.

Memorial General Hospital Association, Inc.
Elkins, W.Va.

Otis D. Mortin
City Line of Oak Hill
Oak Hill, W.Va.

Mountaineer Bus Lines, Inc.
Morgantown, W.Va.

No. 2 Bus Lines, Incorporated
Beckley, W.Va.
(NL-Contract passengers with
Va. Stage Lines, Inc.)

Ohio Valley Bus Company, A Corp.
Huntington, W.Va.

Park Transit, Inc.
Parkersburg, W. Va.

Pittsburgh & Weirton Bus Company

Quick-Livick, Inc.
Staunton, Va.

Reynolds Transportation Co., A Corp.
Clarksburg, W.Va.

Maynard Rotruck
Rawlings, Md.

Delbert J. Shaver
Fairmont Limousine & Bus Company
Fairmont, W.Va.

Suburban Line, Inc. (Interstate)
Washington, Pa.

BUS OPERATORS

General Public - Continued

Taxi, Inc.
White Sulphur Springs, W.Va.

Karl Taylor
Taylor Transportation Company
Robson, W.Va.

Tennessee Coach Company, A Corp.
(Interstate)
Knoxville, Tennessee (no cert.)

Frank J. Thompson
Thompson Transportation Company
Rainelle, W.Va.

Tri-City Traction Company, A Corp.
Princton, W.Va.

Tri-State Transit Authority, A Public Corp.
Huntington, W.Va.

Tyler Mountain Bus Lines, Inc.

Virginia Stage Lines, Inc.
Virginia Trailways of Charlottesville, Va
Charlottesville, Va.

West Central Rural Transportation System, Inc.
Parkersburg, W.Va.

Wheeling Rapid Transit, Inc., A Corp.
Wheeling, W.Va.

John C. White dba
White Bus Lines
Williamson, W.Va.

BUS OPERATORS

Contract Services

Airport Limousine Service, Inc.
Wheeling, W.Va.
(Also holds permit for air-freight
and express)

Charles Adkins
Mercer County Airport Limousine Service
Bluefield, W.Va.

Noah Atkins
Beckley Limousine Service
Beckley, W.Va.

Port Steuben Limousine Service, Co.
Weirton, W.Va.

Ernest N. Meade
Ashland Airport Service
Ashland, Kentucky

Ernest N. Meade
Tri-State Airport Service
Ashland, Ky.

The Weser Cab Company
Parkersburg, W.Va.
(Also taxi cert. and property cert.)

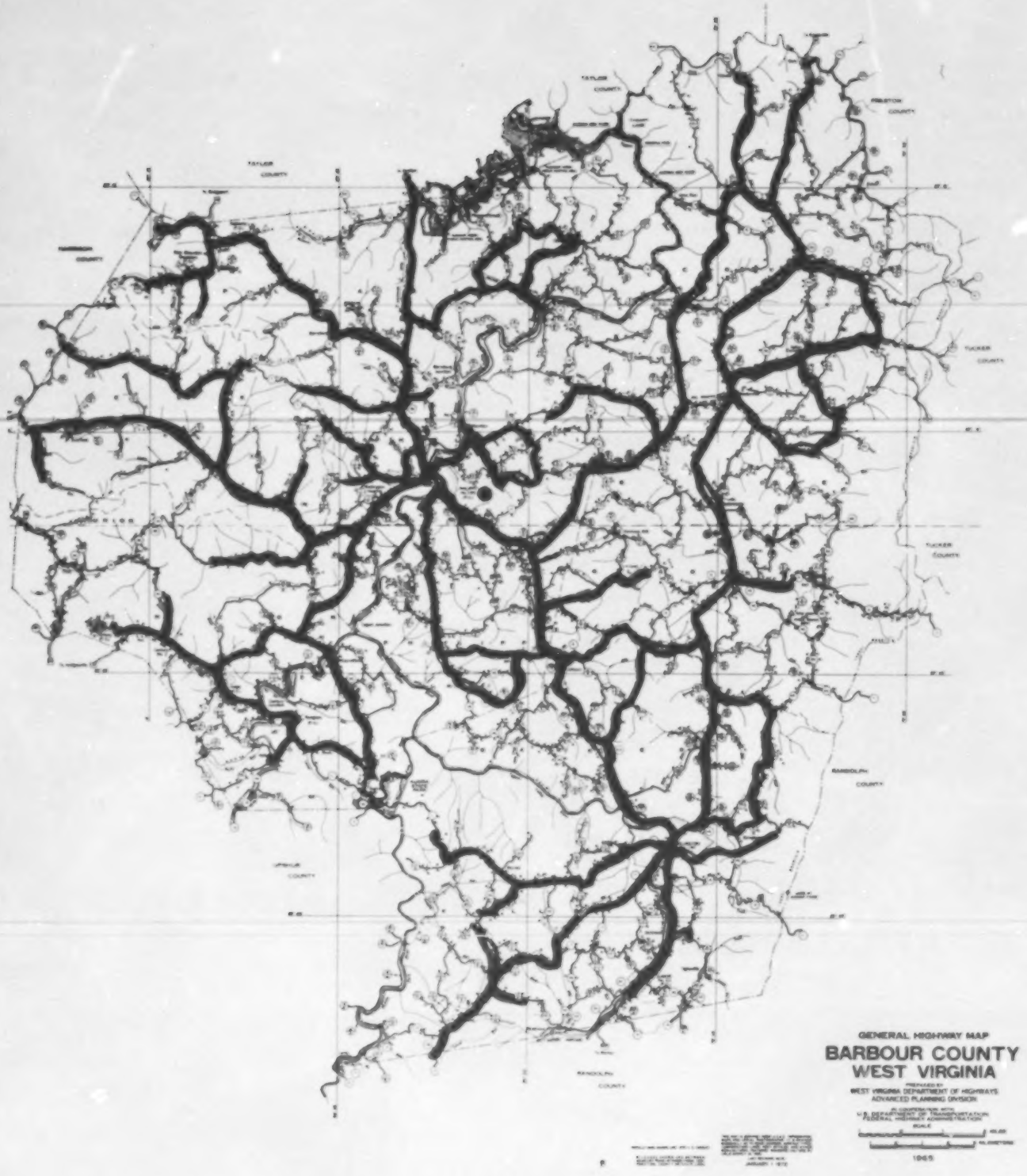
A.M. West, C.H. Shroyer and R.W. Dean
dba Mountain State Bus Line
Fairmont, W.Va.

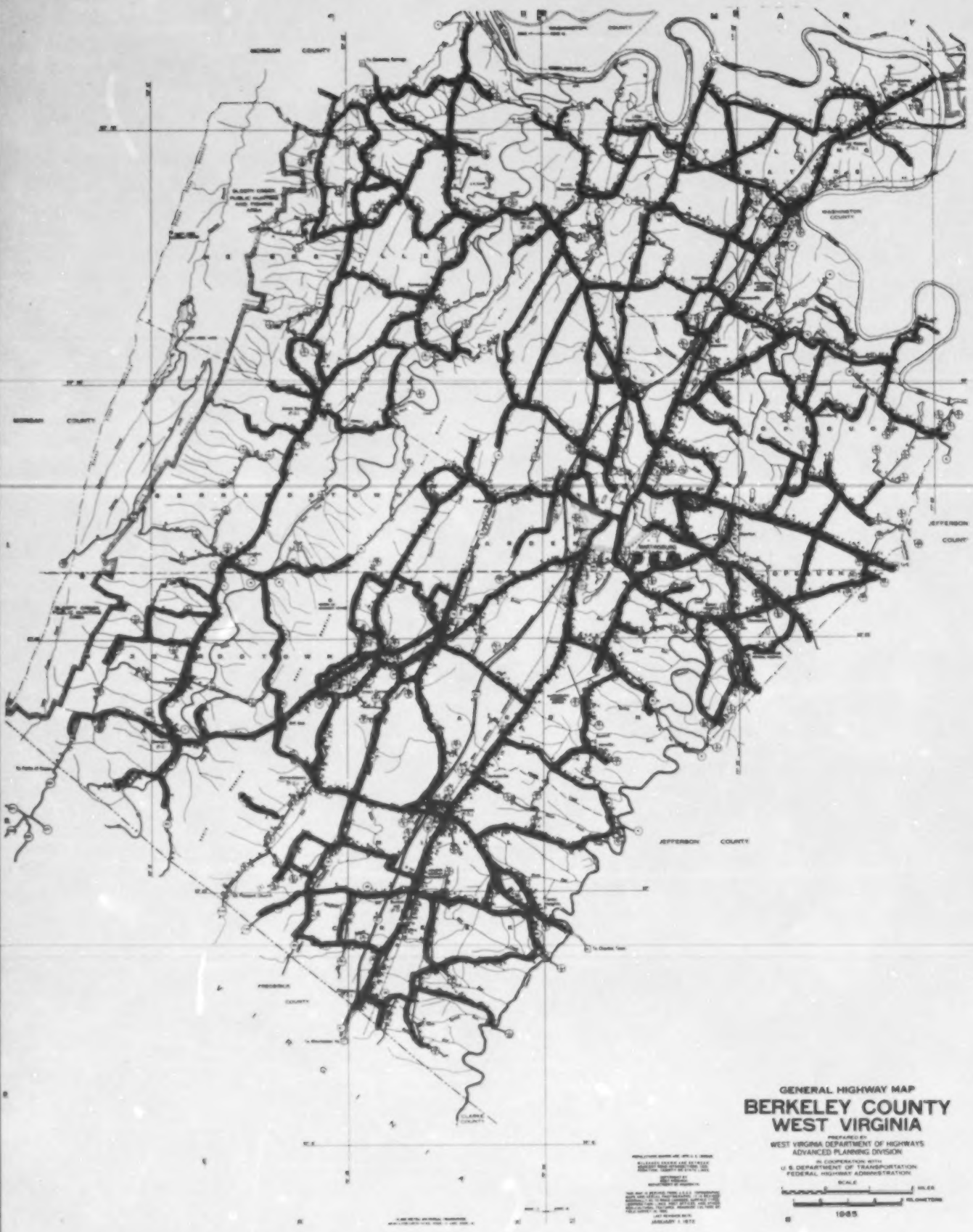
White Top Cab Company, A Corp.
(Also Taxi Cert.)
Clarksburg, W.Va.

EXHIBIT 2

The following county maps indicate the location of existing Day Care Centers (green) and the School Bus routings (orange) as supplied by County Director of Transportation. The maps indicate those roadways which can support bus traffic and which are used to supply the current busing needs of the citizens.

In locating a Day Care Center, a Training Center or hopefully a combination of both: it would be wise to consider these roadways. The roadways coupled with a specific feasibility study which would naturally include accurate density data would be the basis for establishing a center.


GENERAL HIGHWAY MAP
BARBOUR COUNTY
WEST VIRGINIA
PREPARED BY
WEST VIRGINIA DEPARTMENT OF HIGHWAYS
ADVANCED PLANNING DIVISION
IN COOPERATION WITH
U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION
SCALE
1965
TUCKER COUNTY
RANDOLPH COUNTY


GENERAL HIGHWAY MAP
BERKELEY COUNTY
WEST VIRGINIA
PREPARED BY
WEST VIRGINIA DEPARTMENT OF HIGHWAYS
ADVANCED PLANNING DIVISION
IN COOPERATION WITH
U. S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION
SCALE
1985
JEFFERSON COUNTY

BROOKE COUNTY
WEST VIRGINIA

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WEST VIRGINIA DEPARTMENT OF HIGHWAYS
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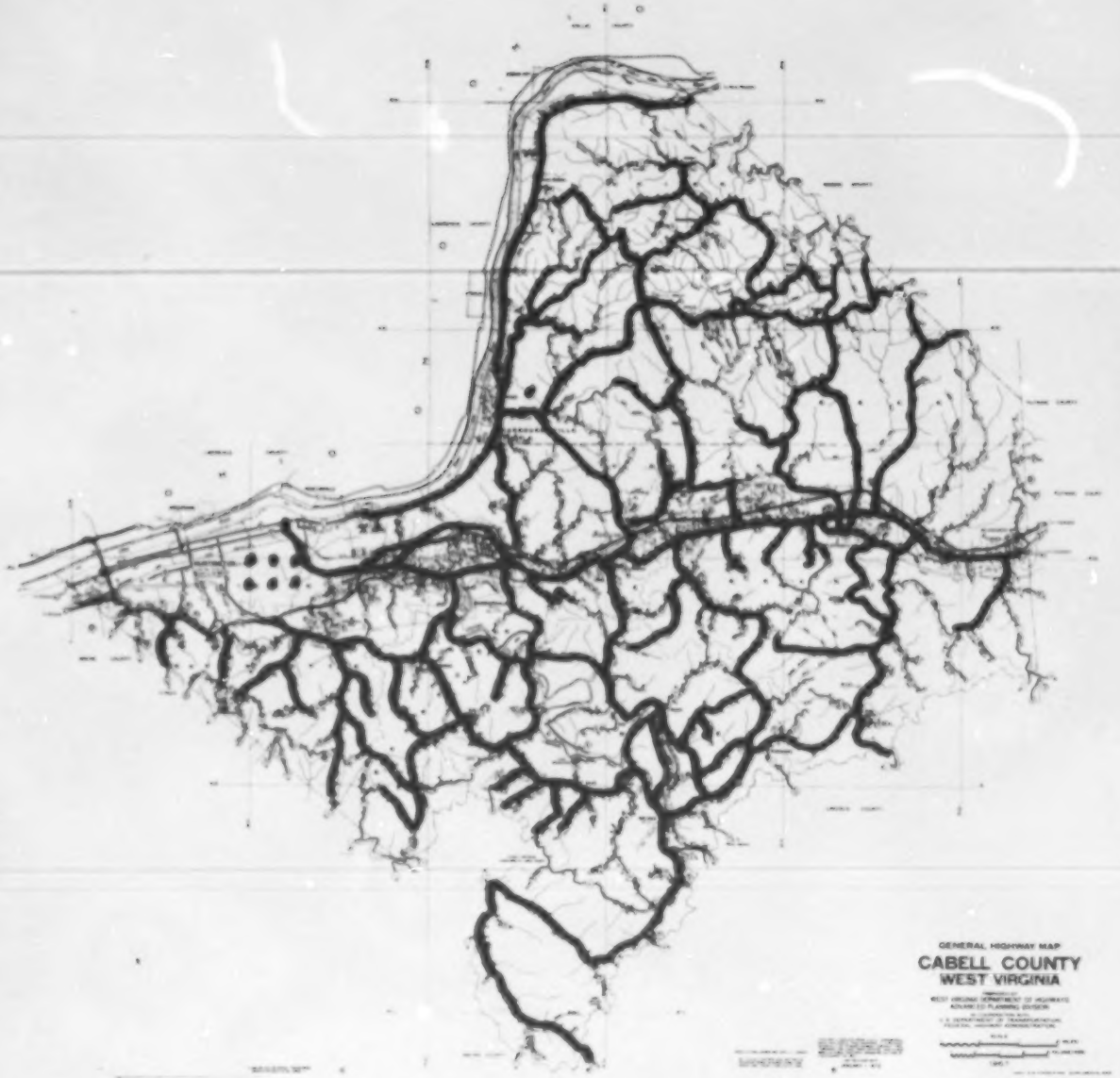
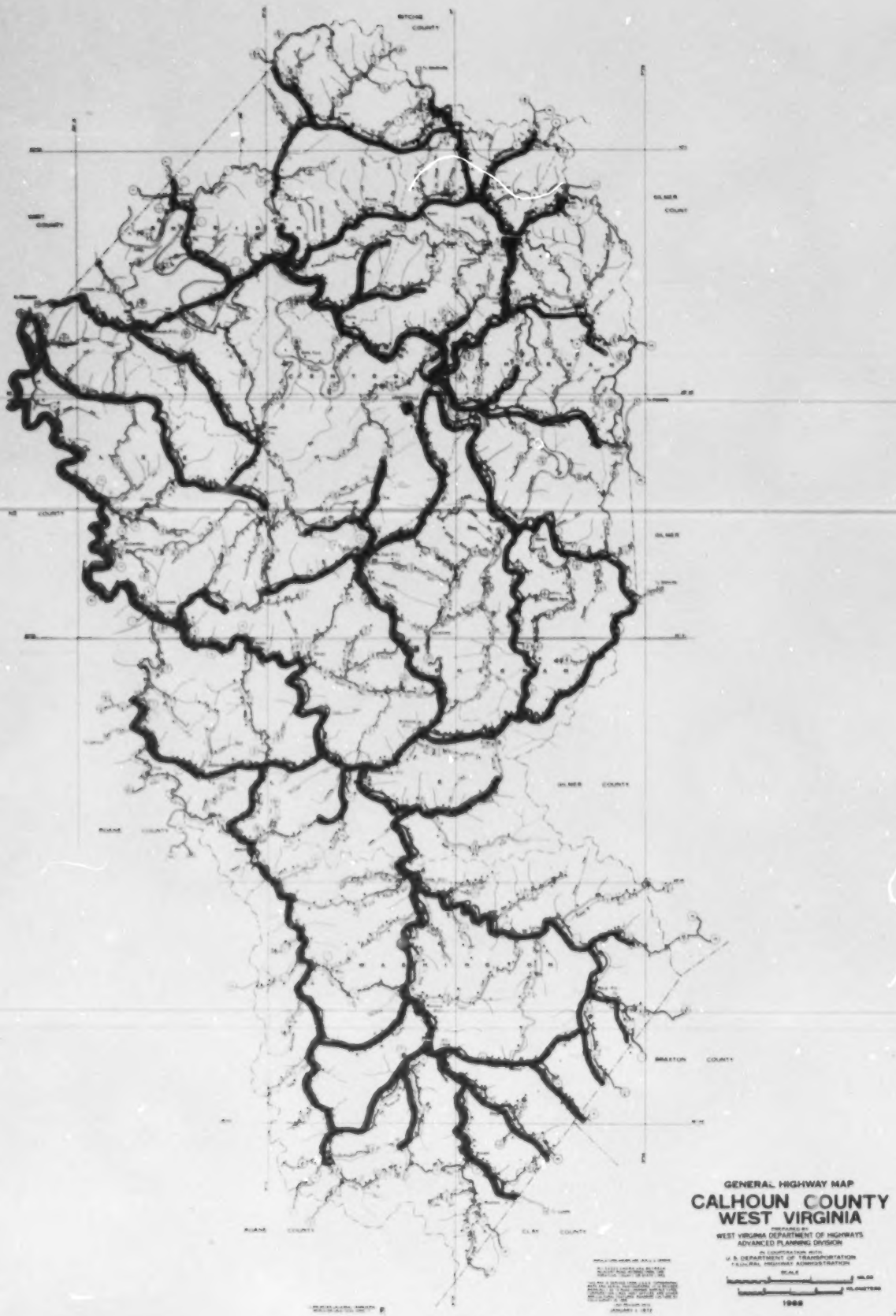
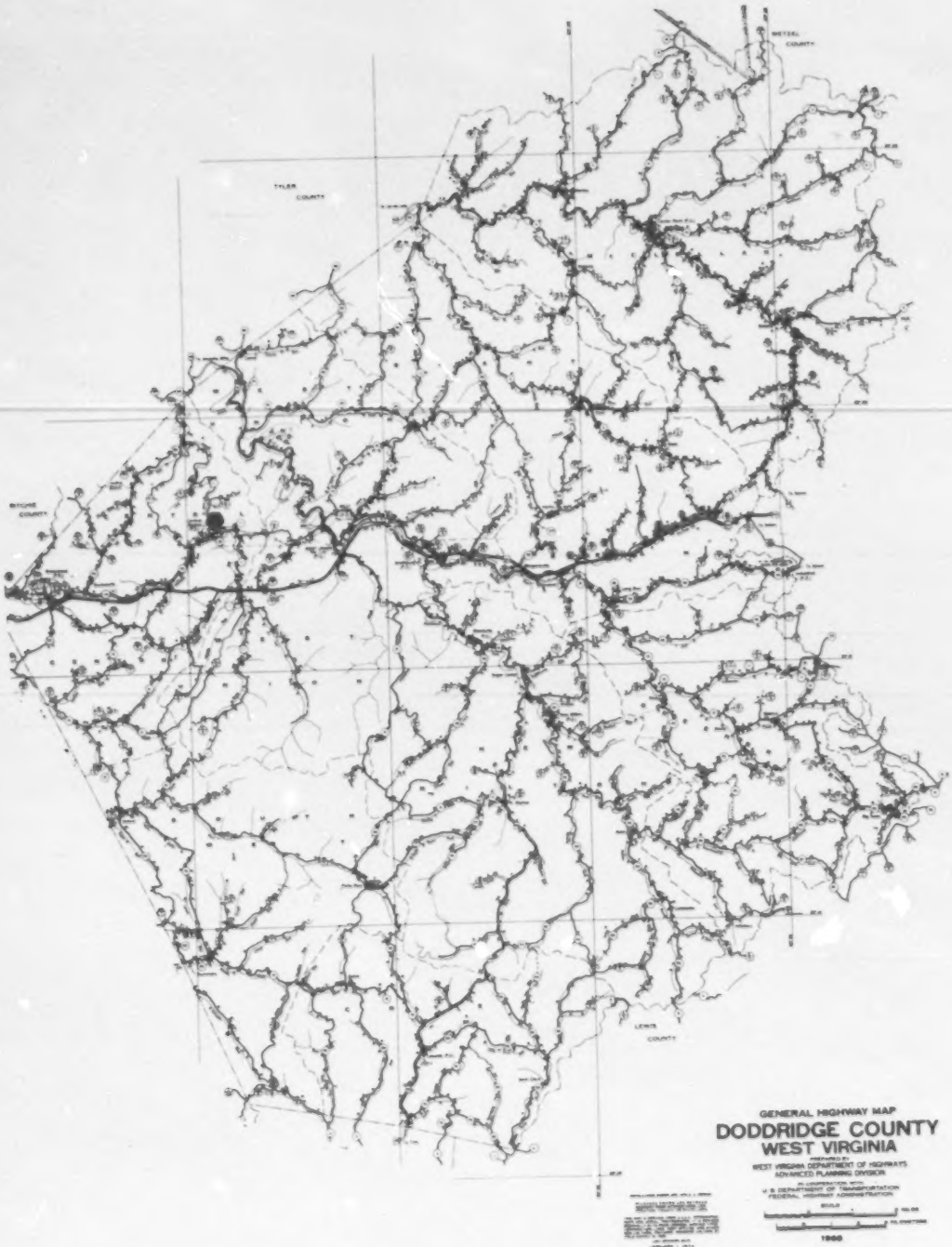
FEDERAL HIGHWAY ADMINISTRATION

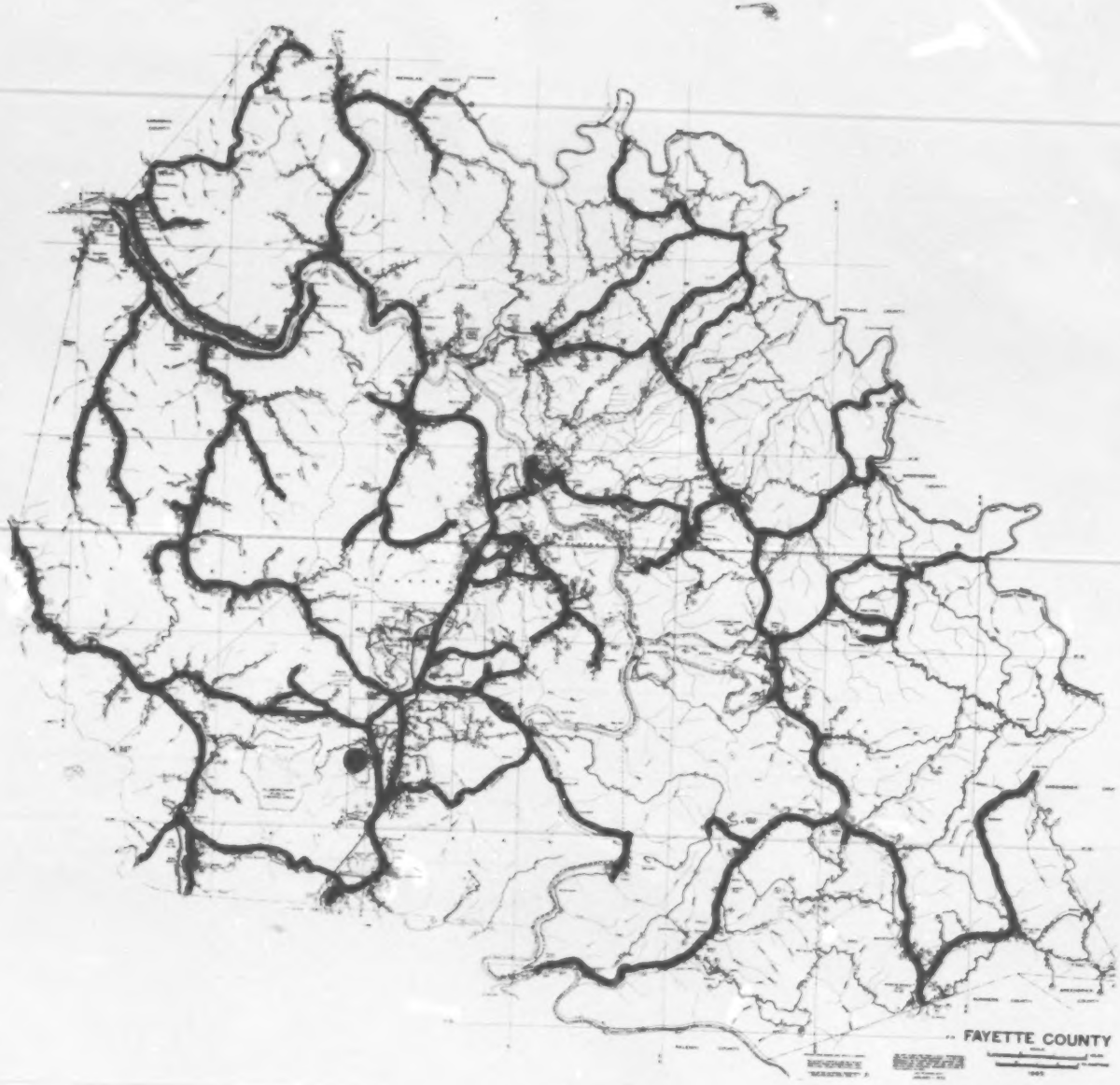
SCALE

1967

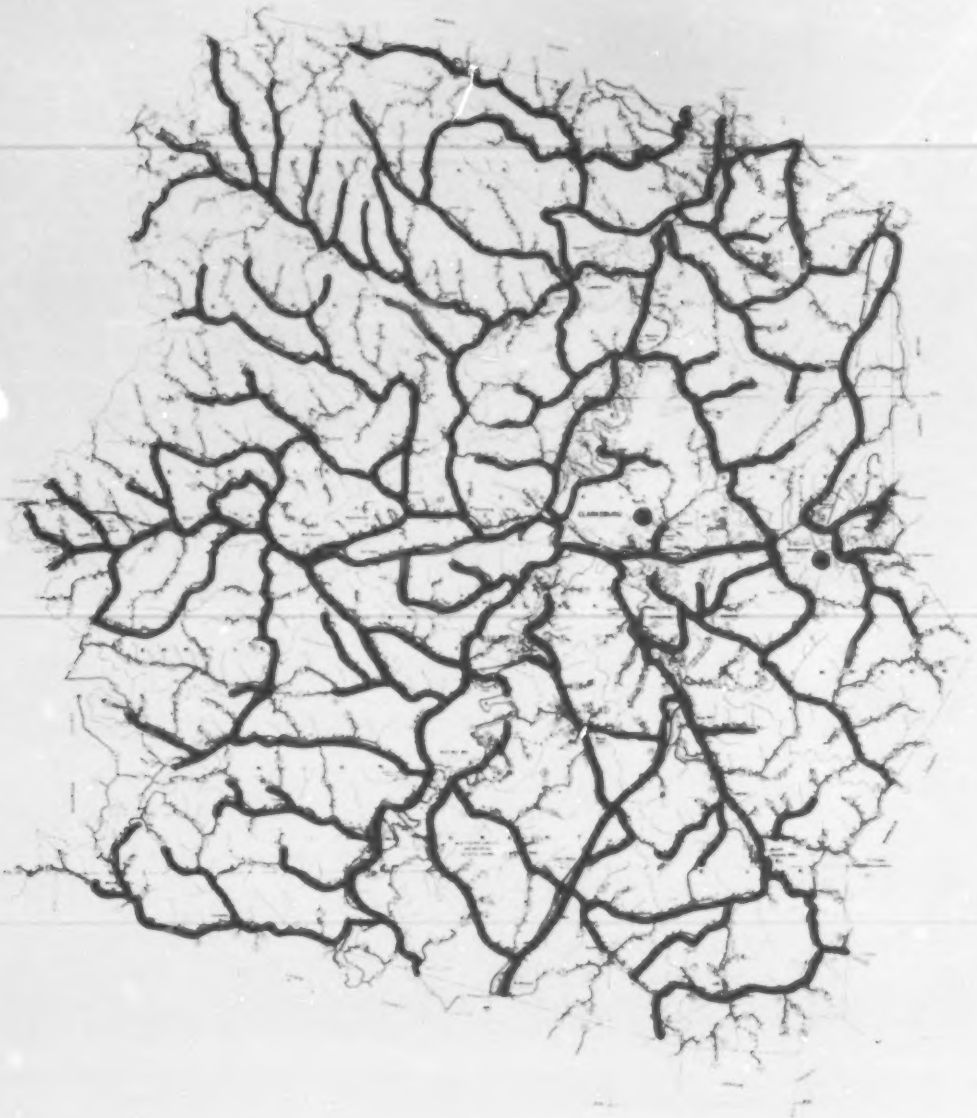

GENERAL HIGHWAY MAP
CABELL COUNTY
WEST VIRGINIA


GENERAL HIGHWAY MAP
CALHOUN COUNTY
WEST VIRGINIA
PREPARED BY
WEST VIRGINIA DEPARTMENT OF HIGHWAYS
ADVANCED PLANNING DIVISION
IN COOPERATION WITH
U. S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION
SCALE
1968


WETZEL COUNTY
TYLER COUNTY
LEWIS COUNTY
GENERAL HIGHWAY MAP
DODDRIDGE COUNTY
WEST VIRGINIA
PREPARED BY
WEST VIRGINIA DEPARTMENT OF HIGHWAYS
ADVANCED PLANNING DIVISION
IN COOPERATION WITH
U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION
SCALE
1980


FAYETTE COUNTY

GENERAL HIGHWAY MAP
GILMER COUNTY
WEST VIRGINIA
PREPARED BY
WEST VIRGINIA DEPARTMENT OF HIGHWAYS
ADVANCED PLANNING DIVISION
IN COOPERATION WITH
U. S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION
SCALE
1964
LEWIS COUNTY
CALHOUN COUNTY
BRAXTON COUNTY



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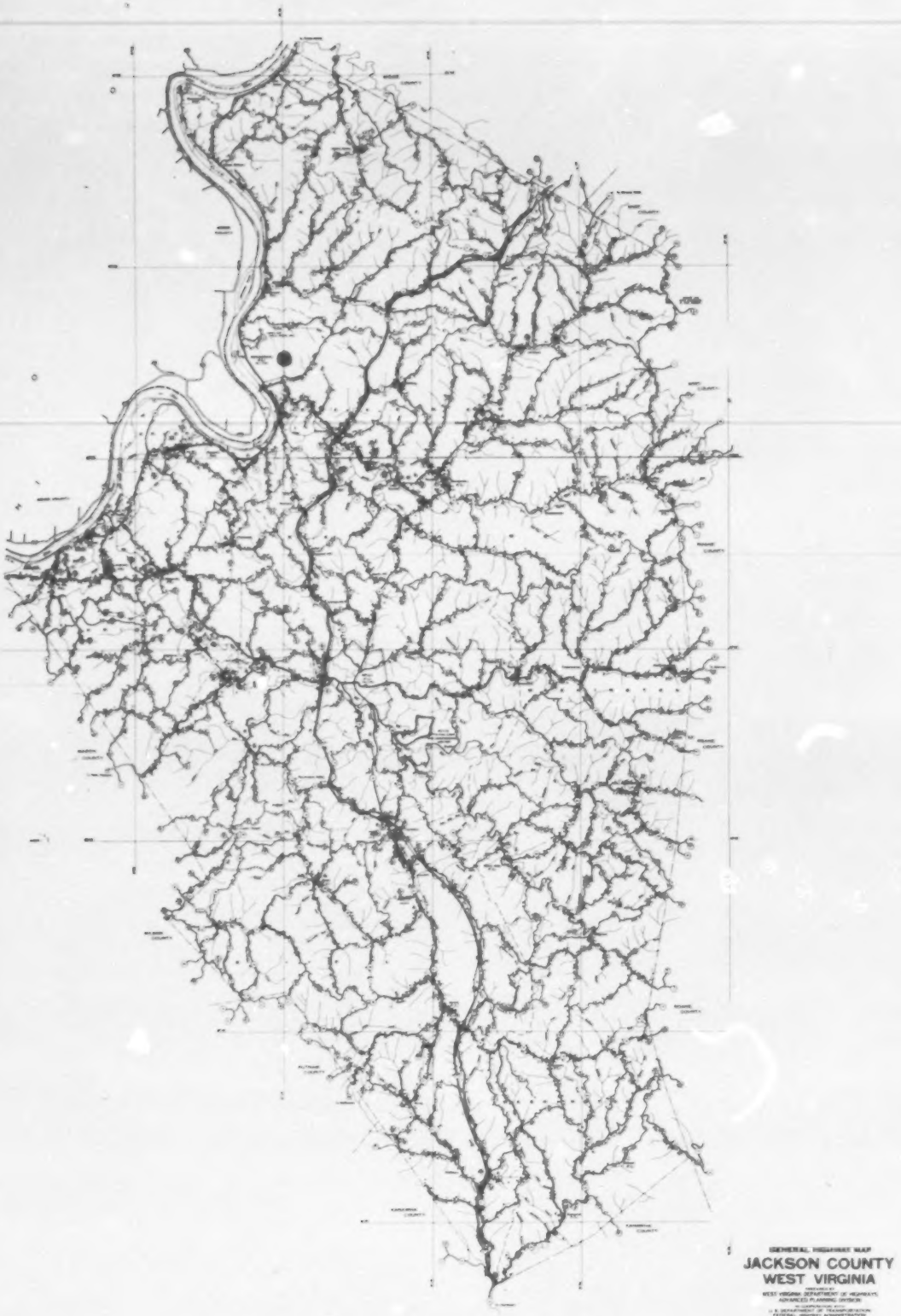
HARRISON COUN
WEST VIRGINIA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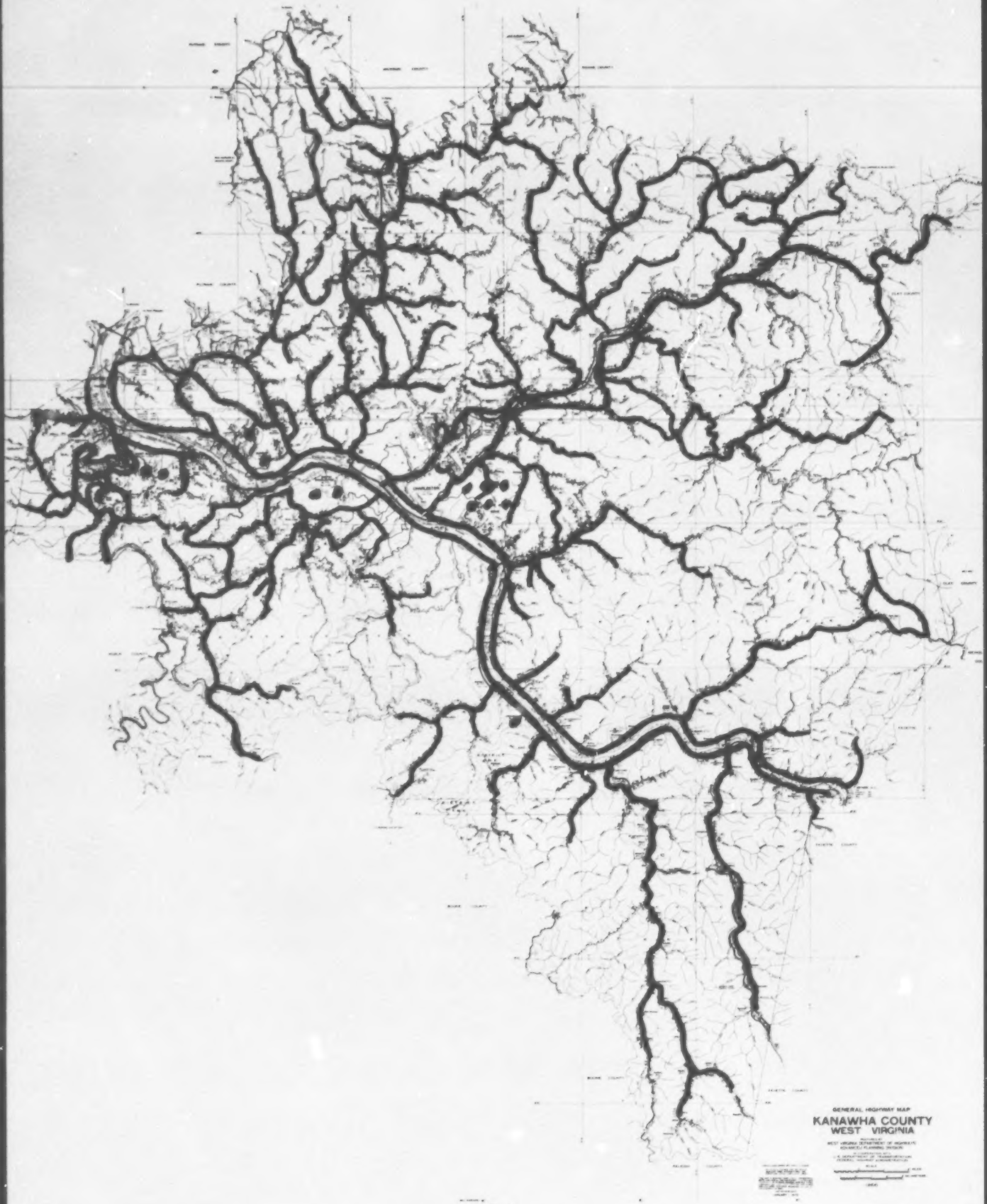
JACKSON COUNTY
WEST VIRGINIA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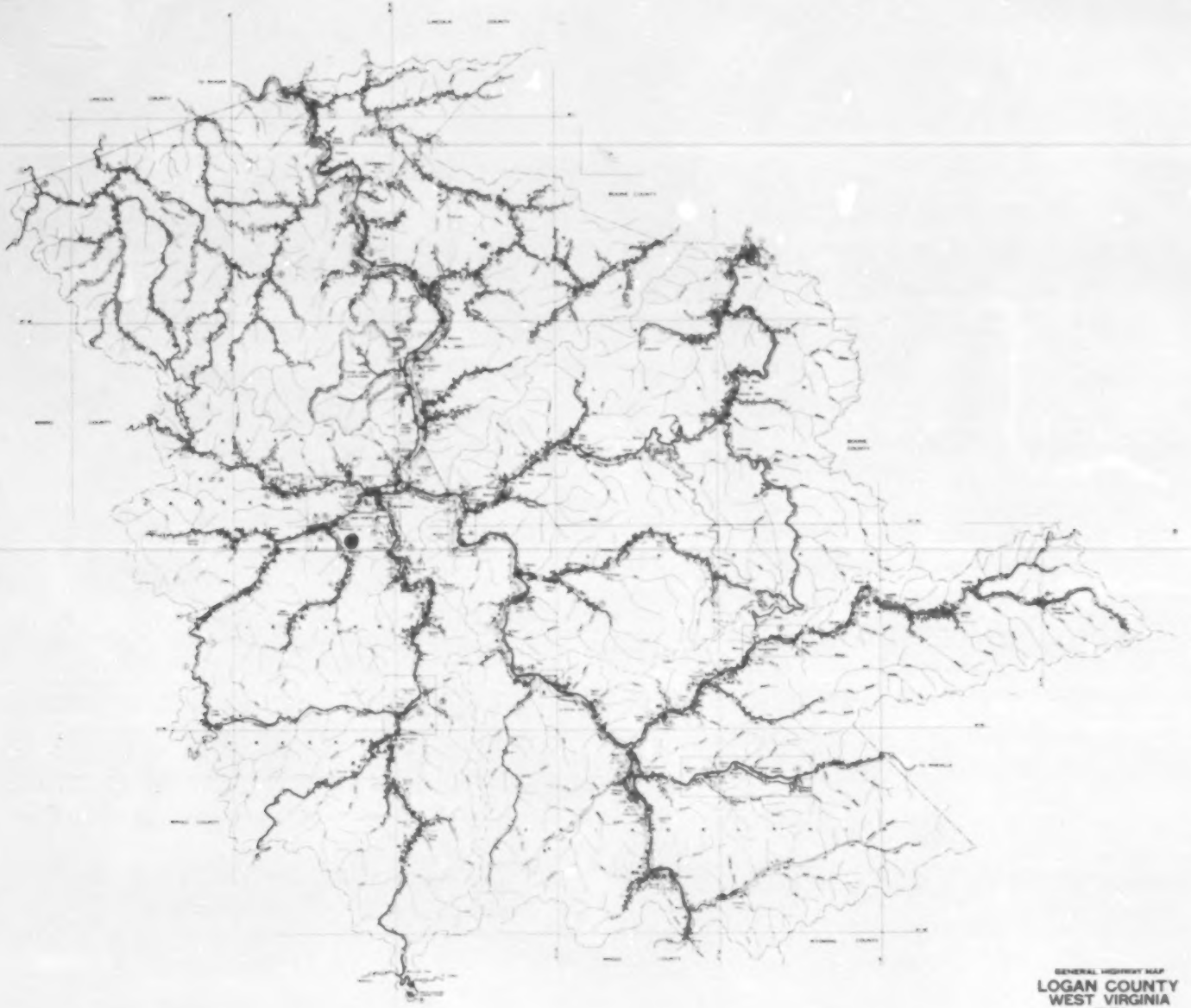
KANAWHA COUNTY
WEST VIRGINIA



GENERAL HIGHWAY MAP

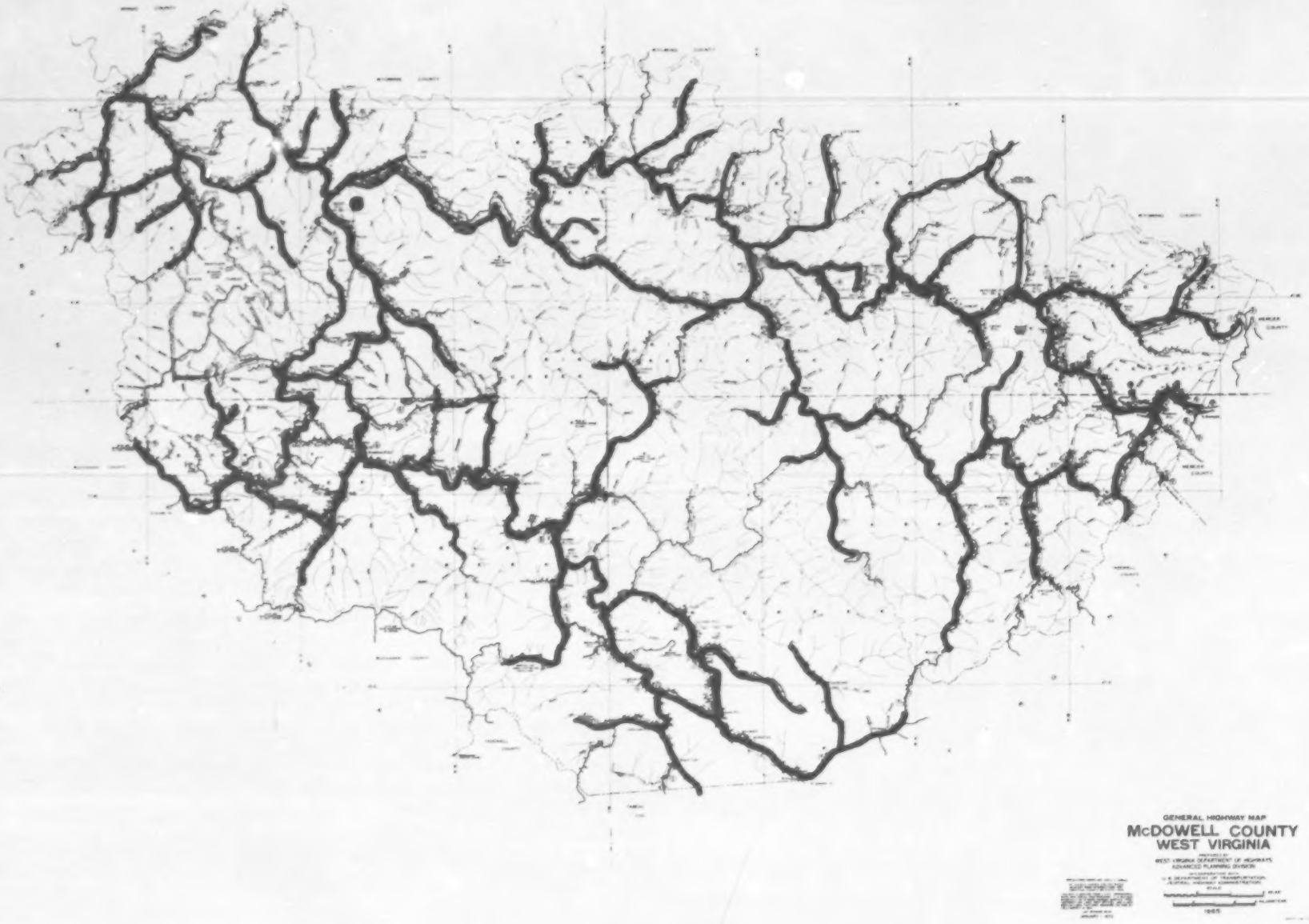
LOGAN COUNTY
WEST VIRGINIA

PREPARED BY
WEST VIRGINIA DEPARTMENT OF HIGHWAYS
ADVANCED PLANNING DIVISION

IN COOPERATION WITH
U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION

SCALE

1954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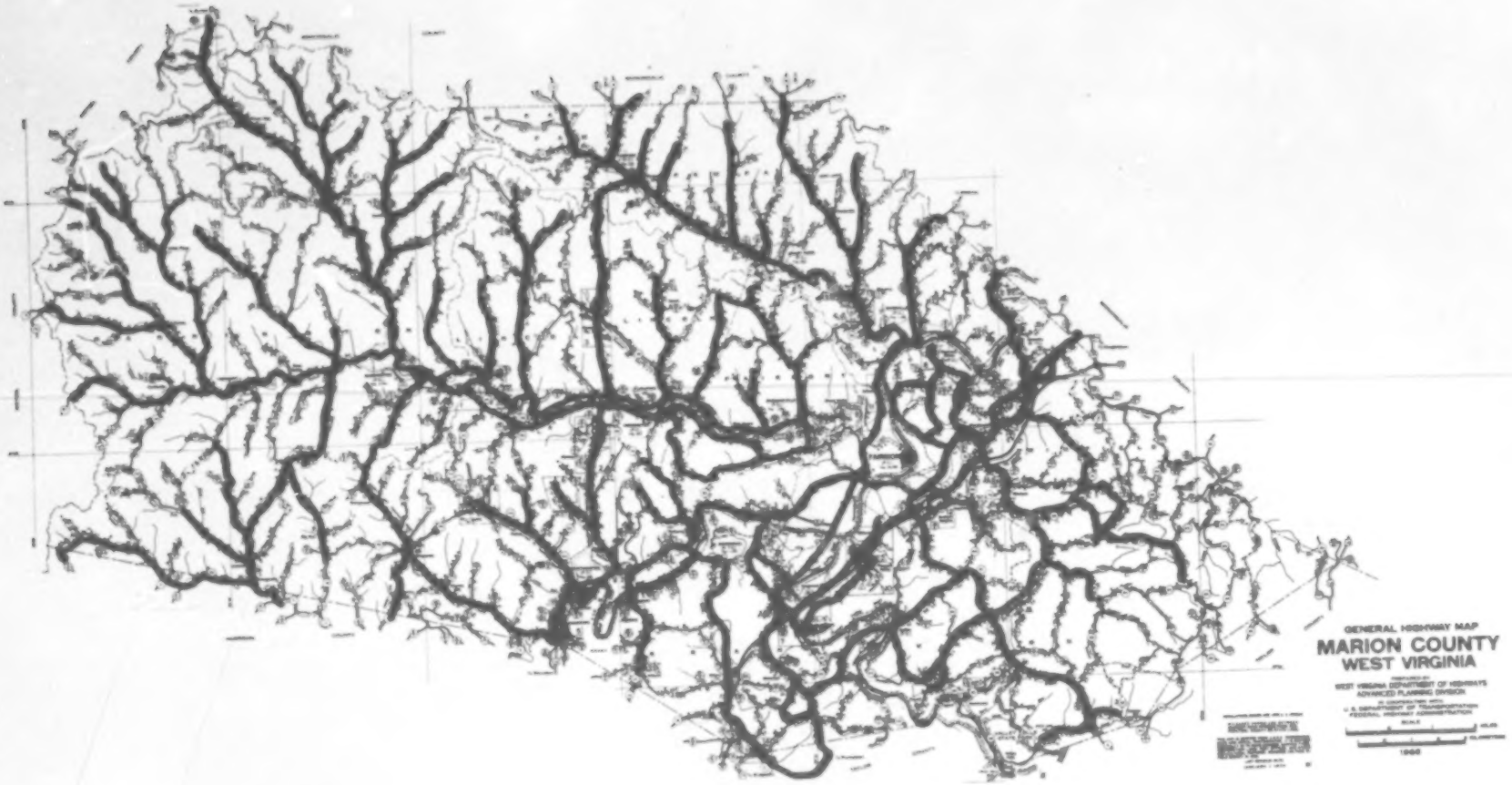
McDOWELL COUNTY
WEST VIRGINIA

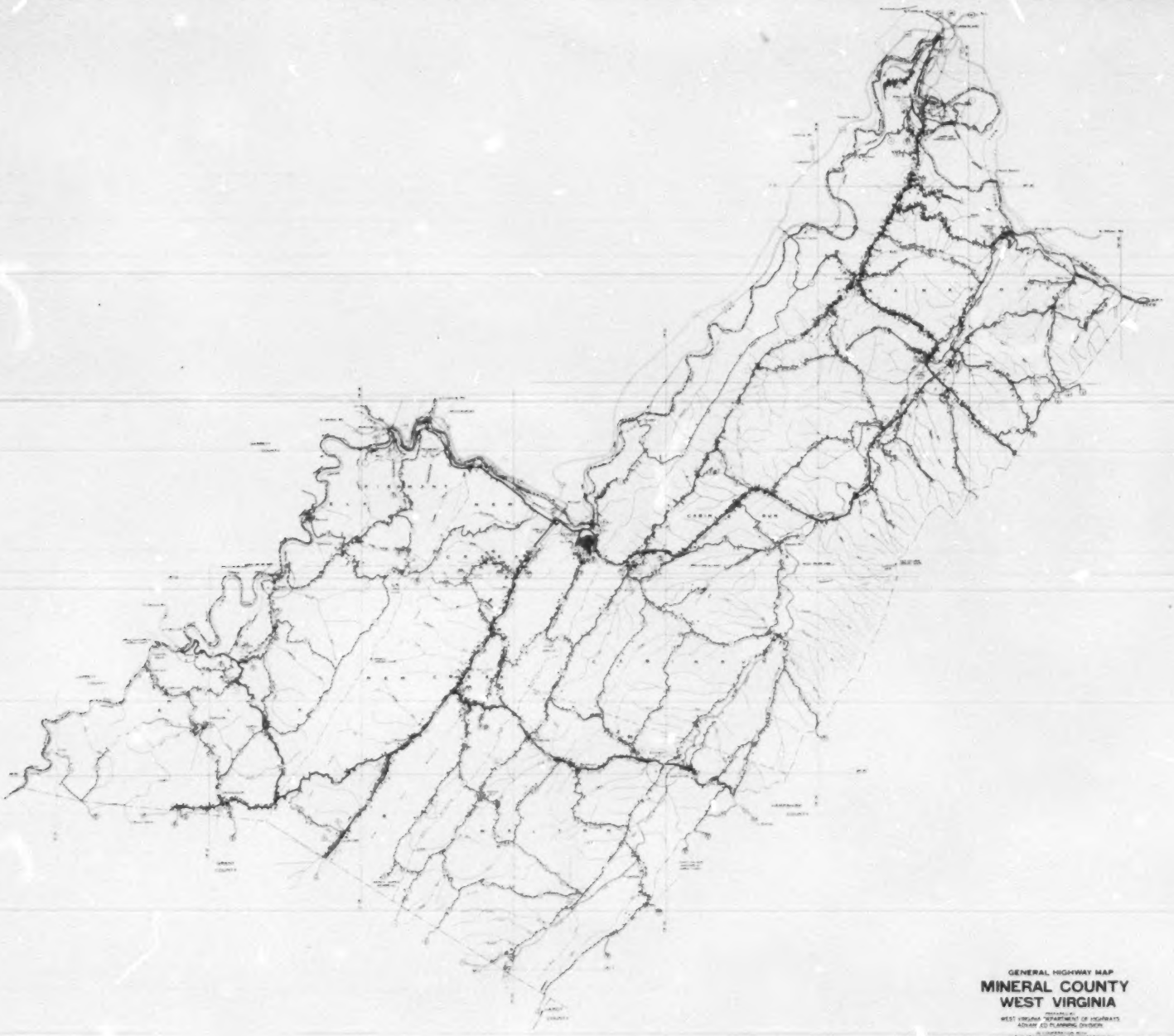

GENERAL HIGHWAY MAP
MARION COUNTY
WEST VIRGINIA

GENERAL HIGHWAY MAP

MERCER COUNTY
WEST VIRGINIA

PREPARED BY
WEST VIRGINIA DEPARTMENT OF HIGHWAYS
ADVANCED PLANNING DIVISION
IN COOPERATION WITH
U. S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION
SCALE

1964



GENERAL HIGHWAY MAP

MINERAL COUNTY
WEST VIRGINIA

PREPARED BY
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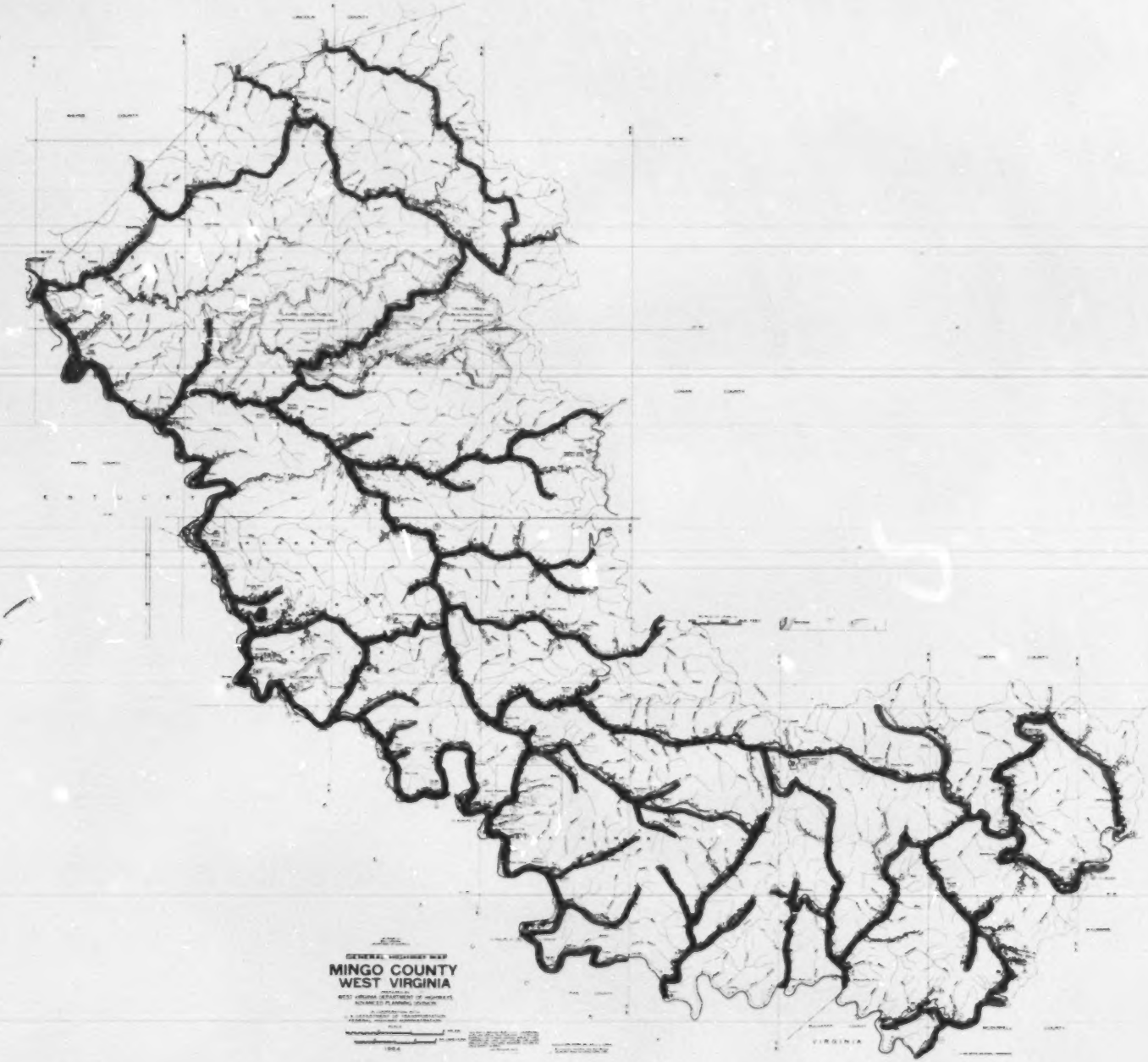
ADVISORY CO PLANNING DIVISION

IN COOPERATION WITH
U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION

SCALE 1 INCH = 2 MILES

1969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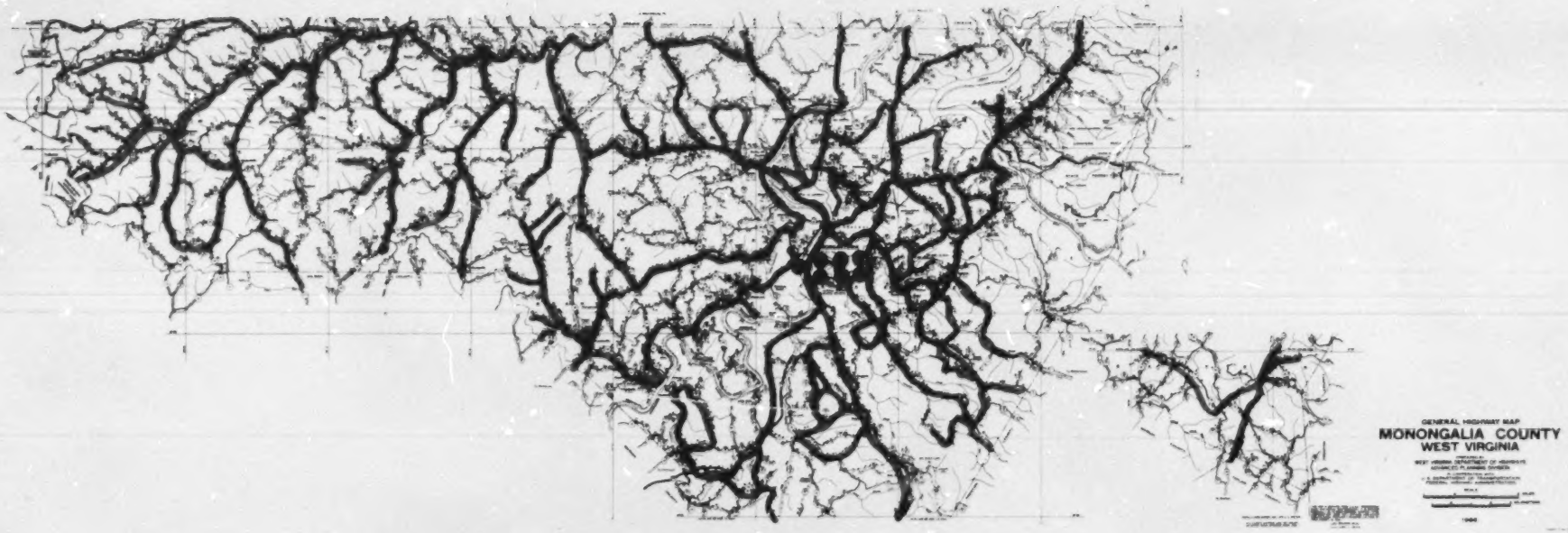
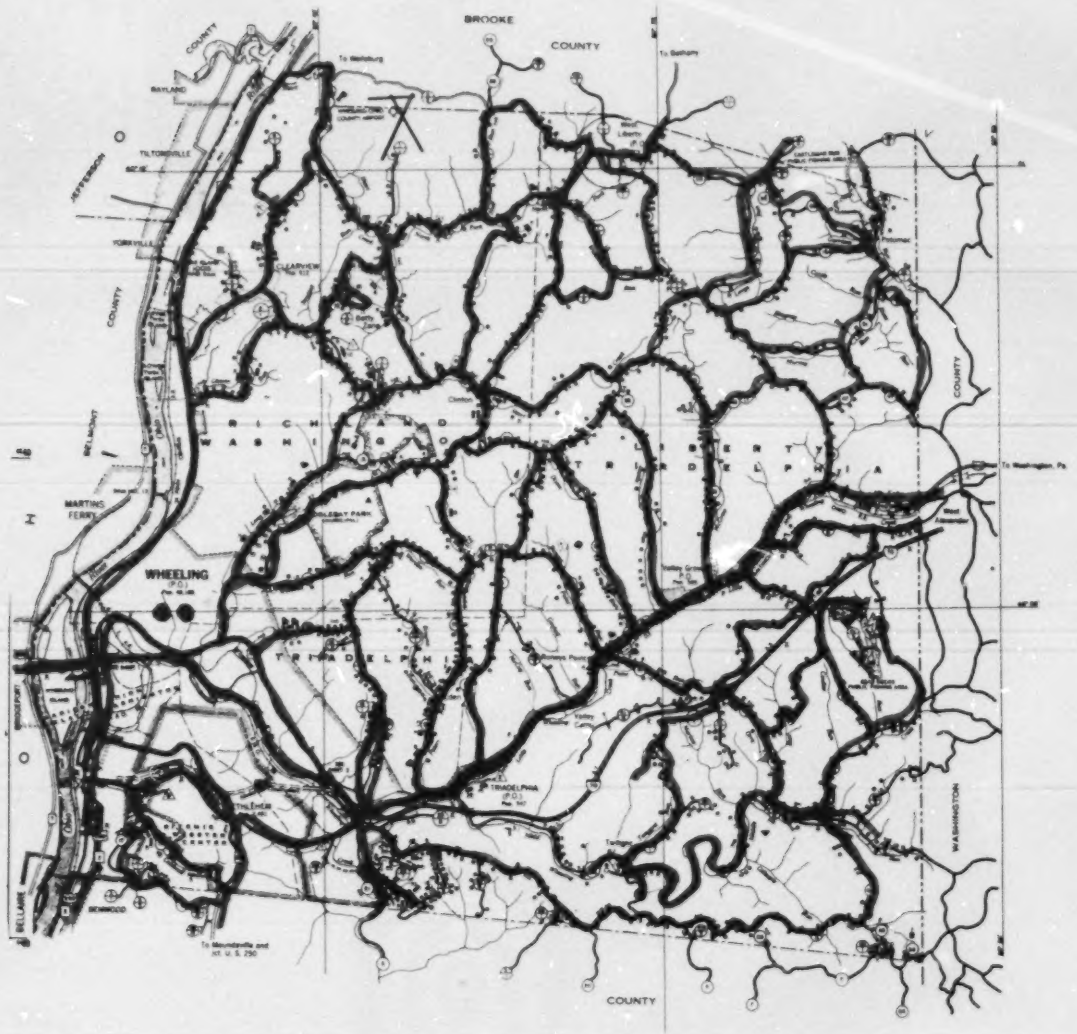
MINGO COUNTY
WEST VIRGINIA


GENERAL HIGHWAY MAP
MONONGALIA COUNTY
WEST VIRGINIA



GENERAL HIGHWAY MAP

OHIO COUNTY
WEST VIRGINIA

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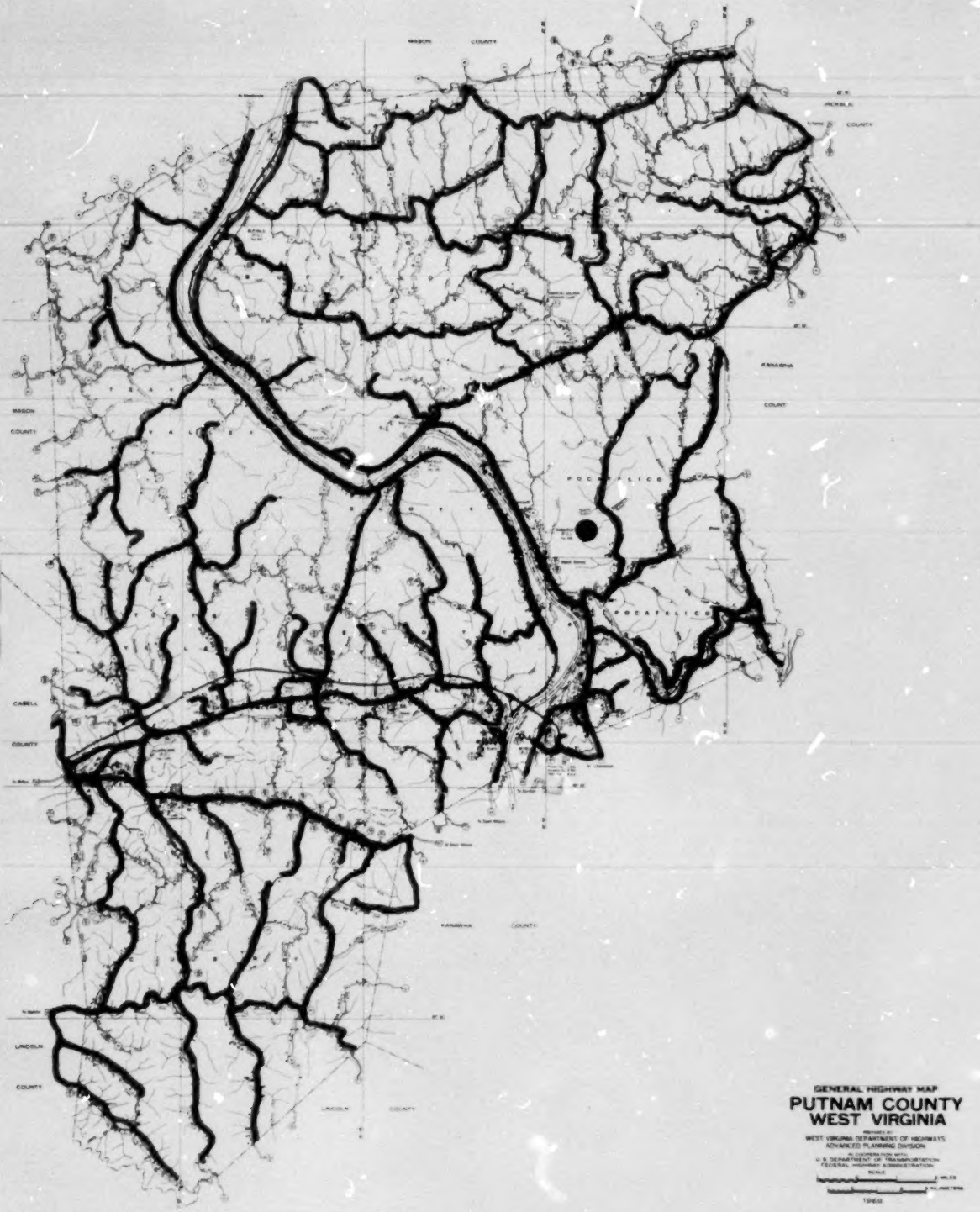
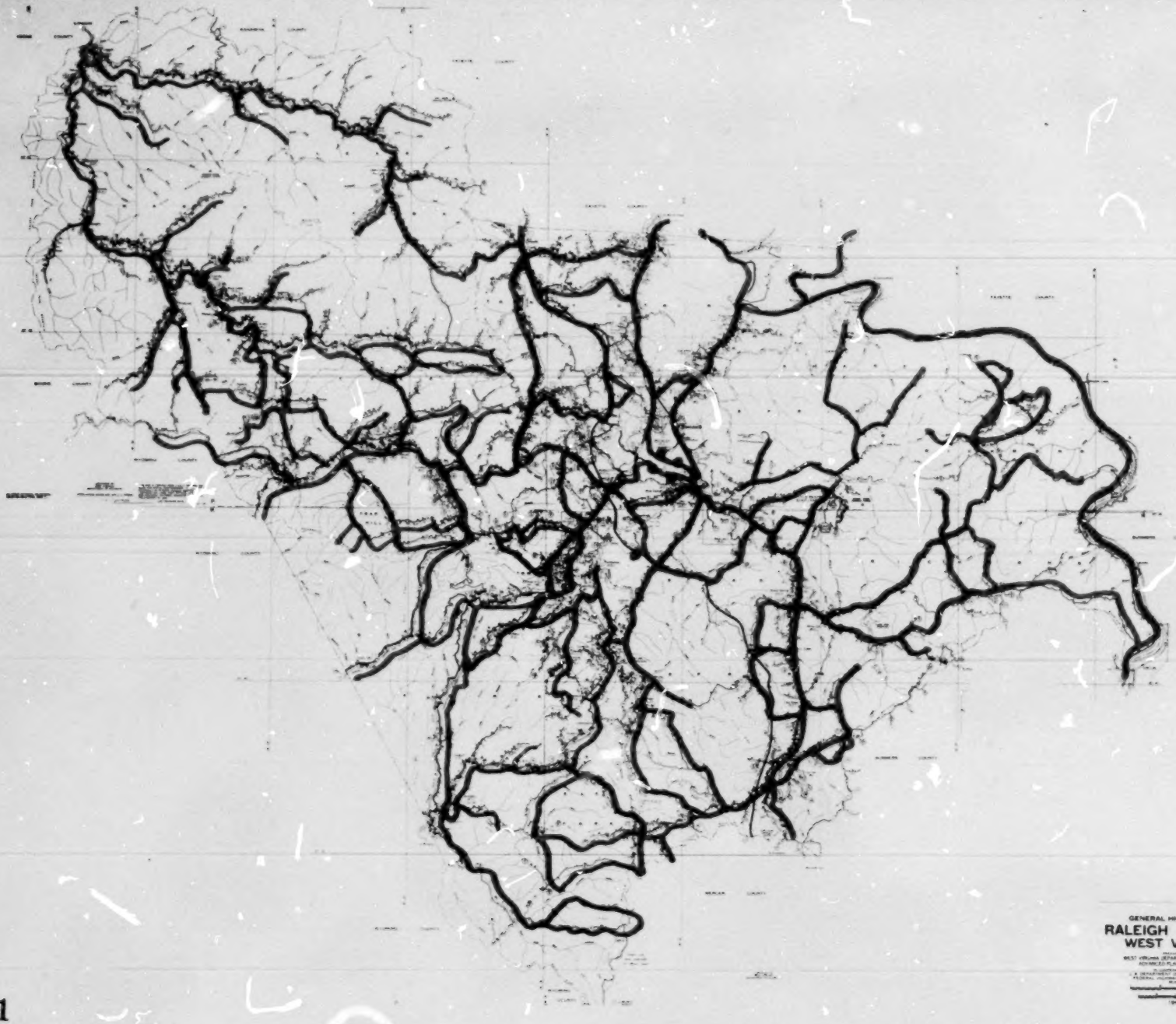
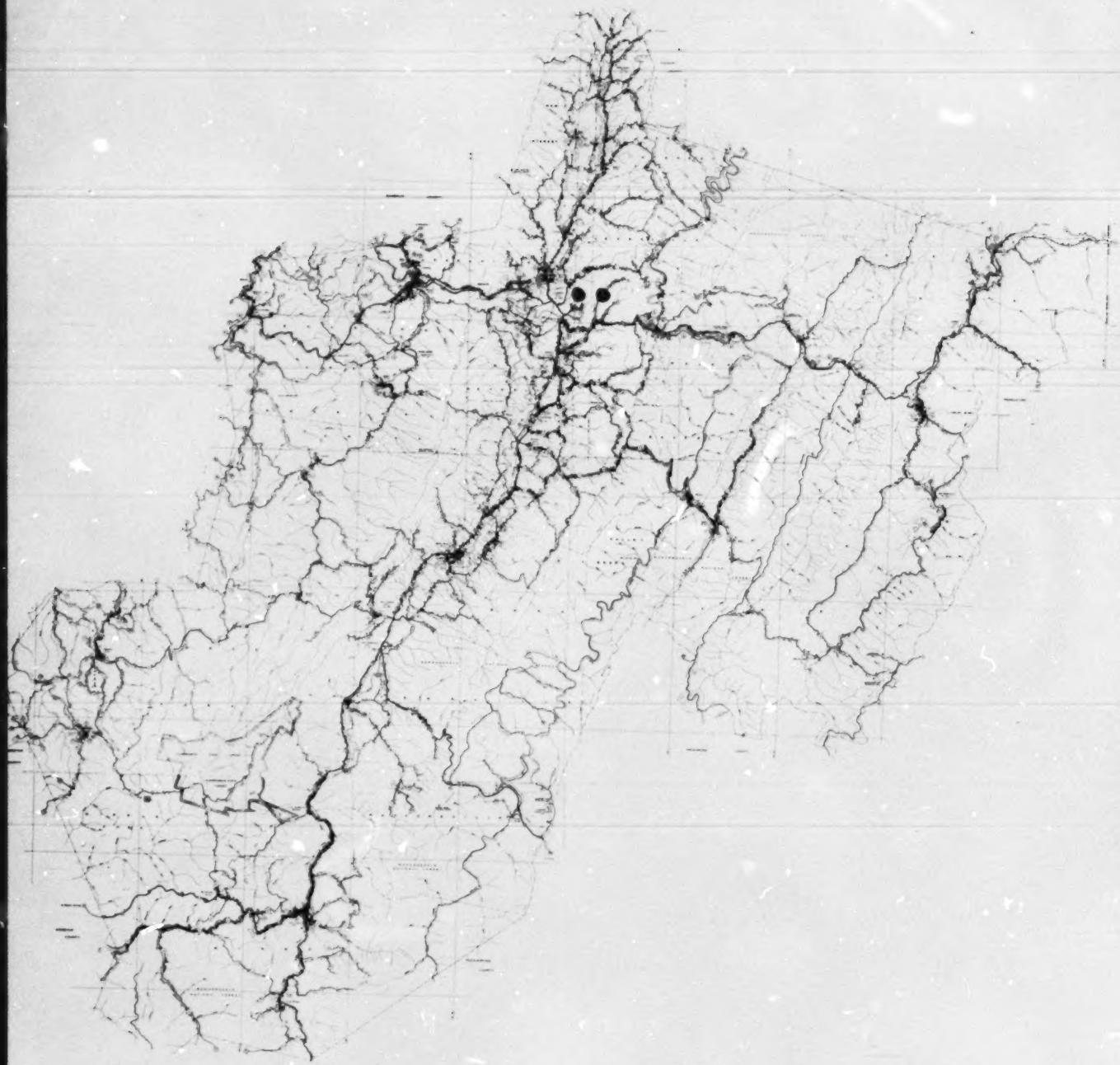
ADVANCED PLANNING DIVISION
IN COOPERATION WITH
U. S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION
SCALE

1963

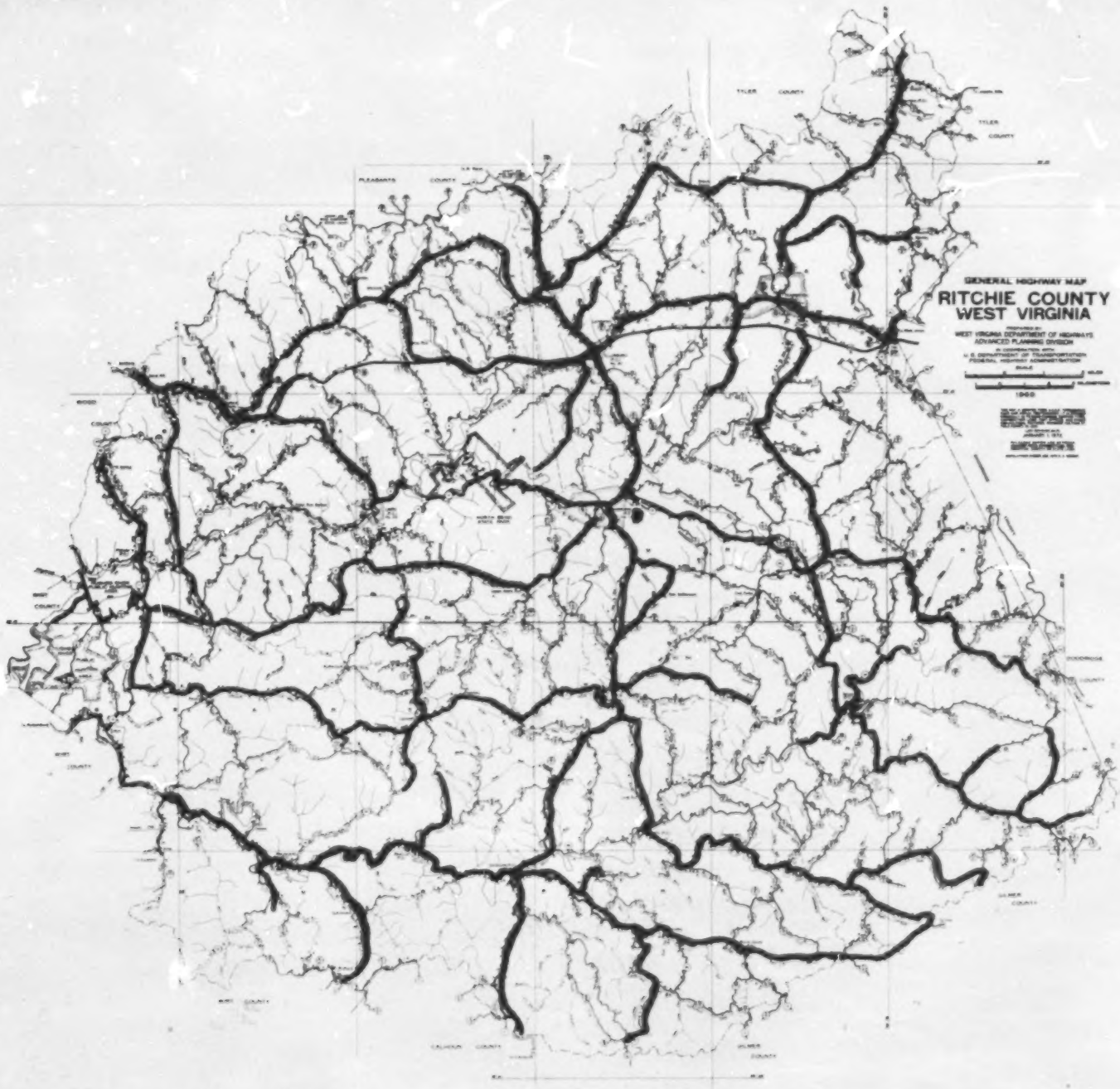

GENERAL HIGHWAY MAP
PUTNAM COUNTY
WEST VIRGINIA
PREPARED BY
WEST VIRGINIA DEPARTMENT OF HIGHWAYS
ADVANCED PLANNING DIVISION
IN COOPERATION WITH
U. S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION
SCALE
1969



GENERAL HIGHWAY MAP
RALEIGH COUNTY
WEST VIRGINIA



PANDOLPH COUNTY
WEST VIRGINIA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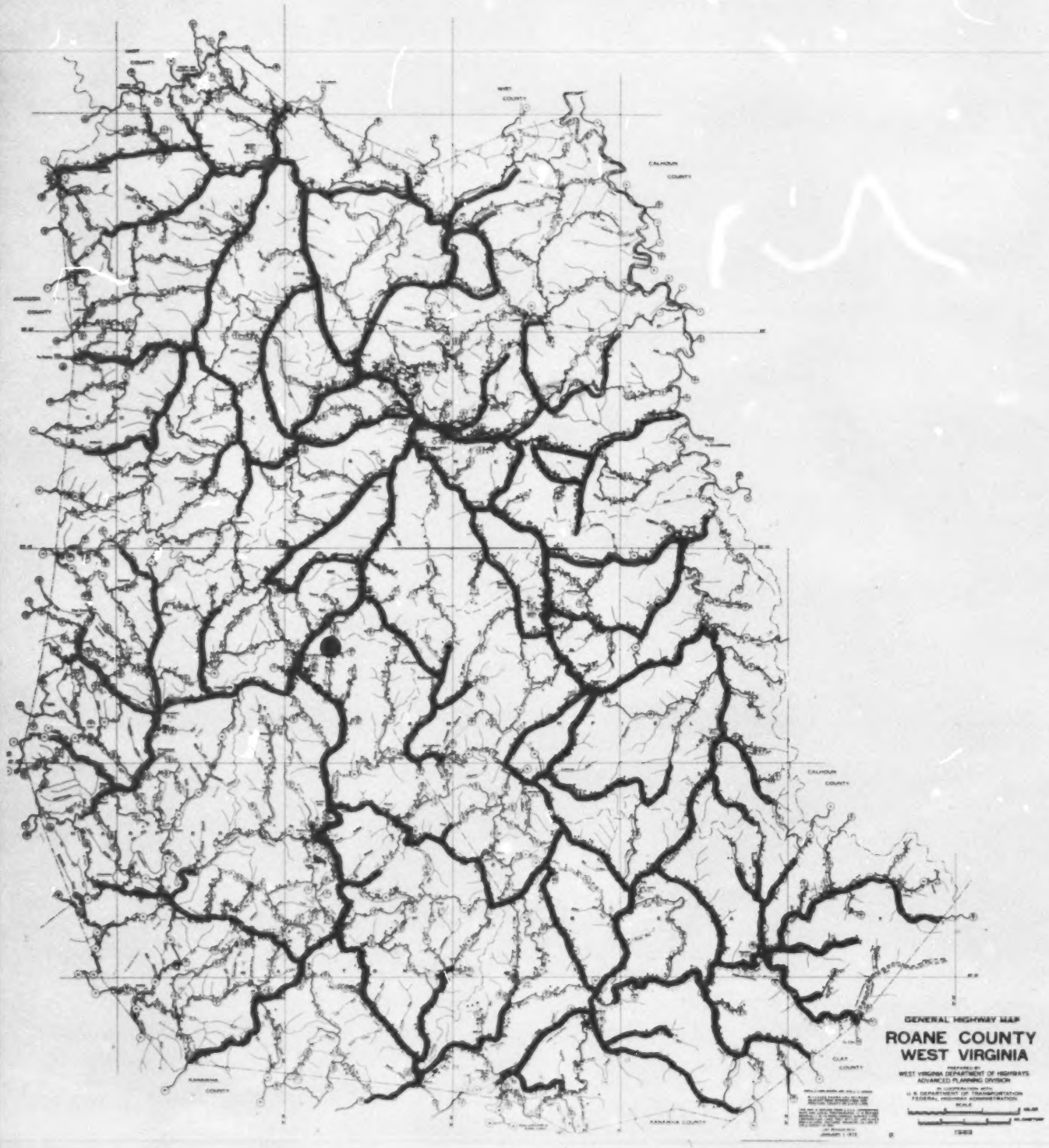
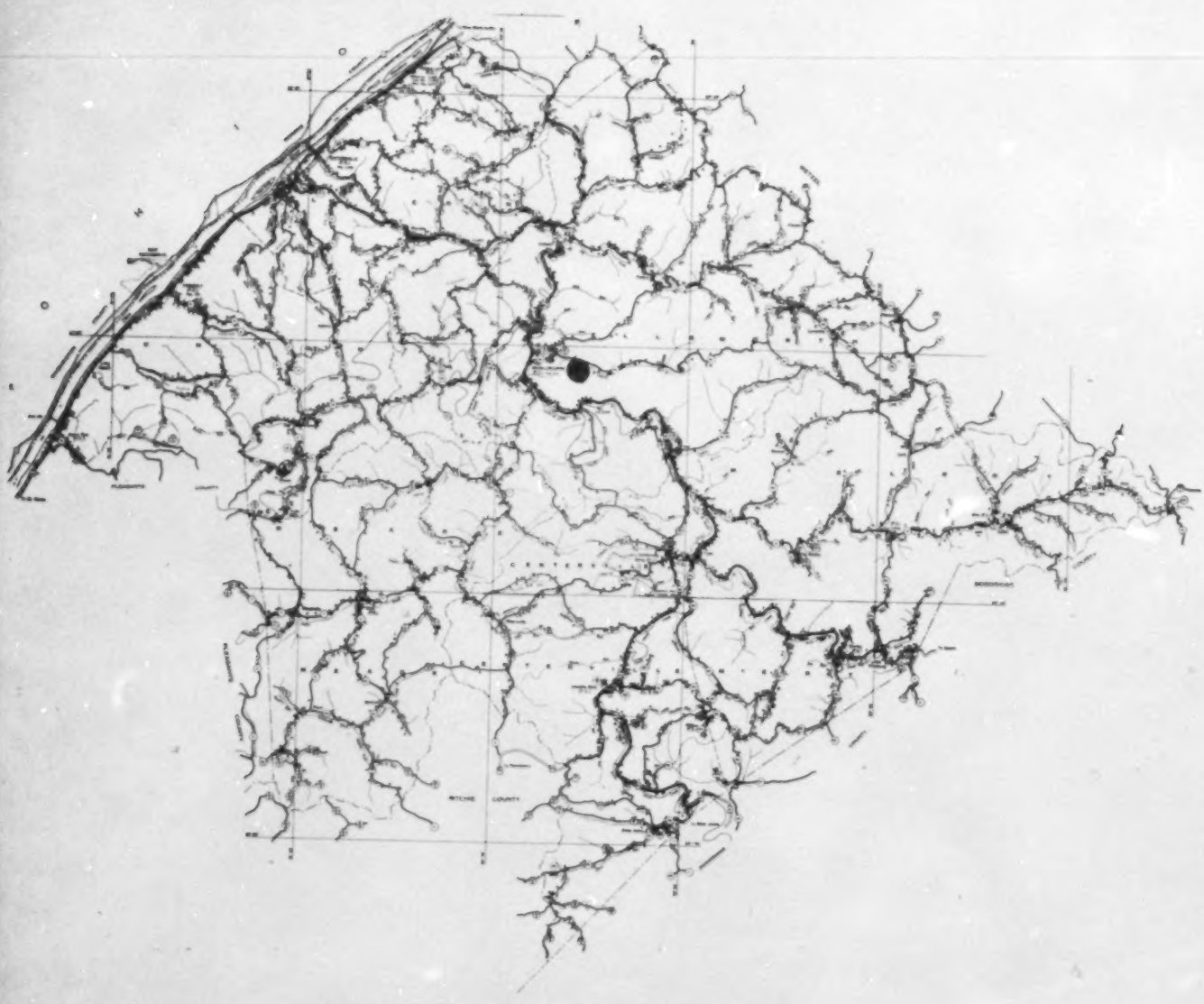
RITCHIE COUNTY
WEST VIRGINIA


CALHOUN COUNTY
CLAY COUNTY
KANAWHA COUNTY
GENERAL HIGHWAY MAP
ROANE COUNTY
WEST VIRGINIA
PREPARED BY
WEST VIRGINIA DEPARTMENT OF HIGHWAYS
ADVANCED PLANNING DIVISION
IN COOPERATION WITH
U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION
SCALE
1983

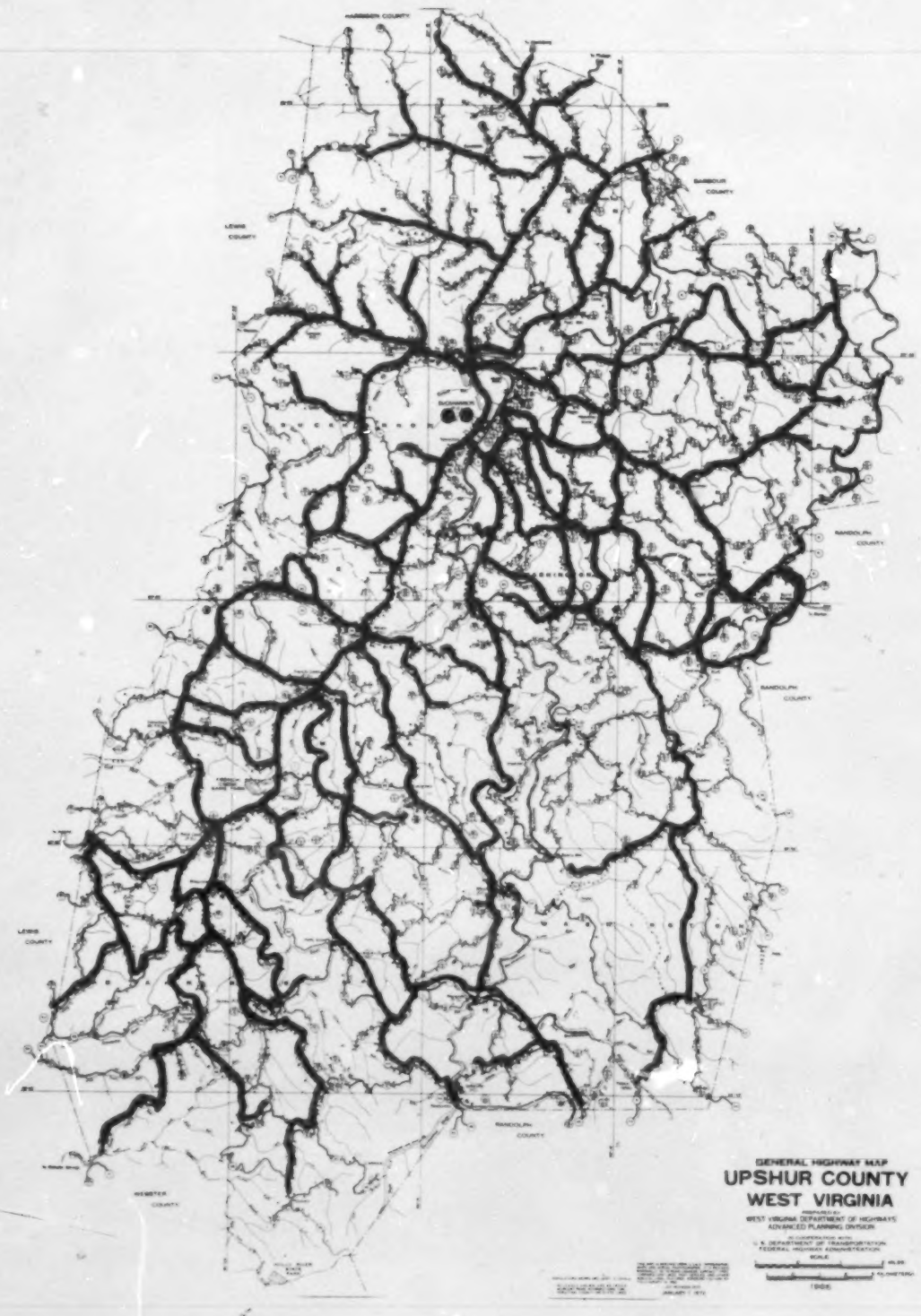
GENERAL HIGHWAY MAP
SUMMERS COUNTY
WEST VIRGINIA

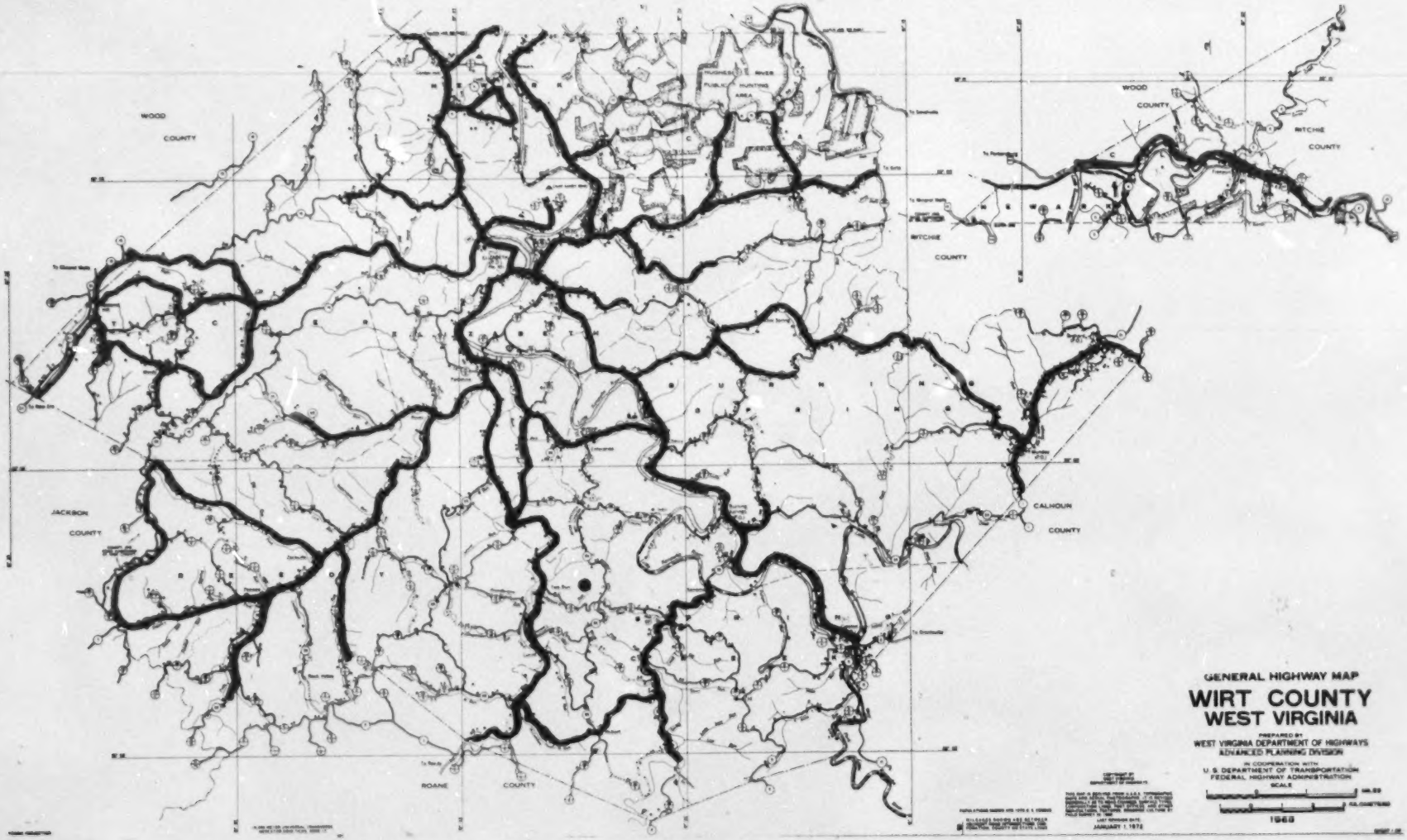


GENERAL HIGHWAY MAP

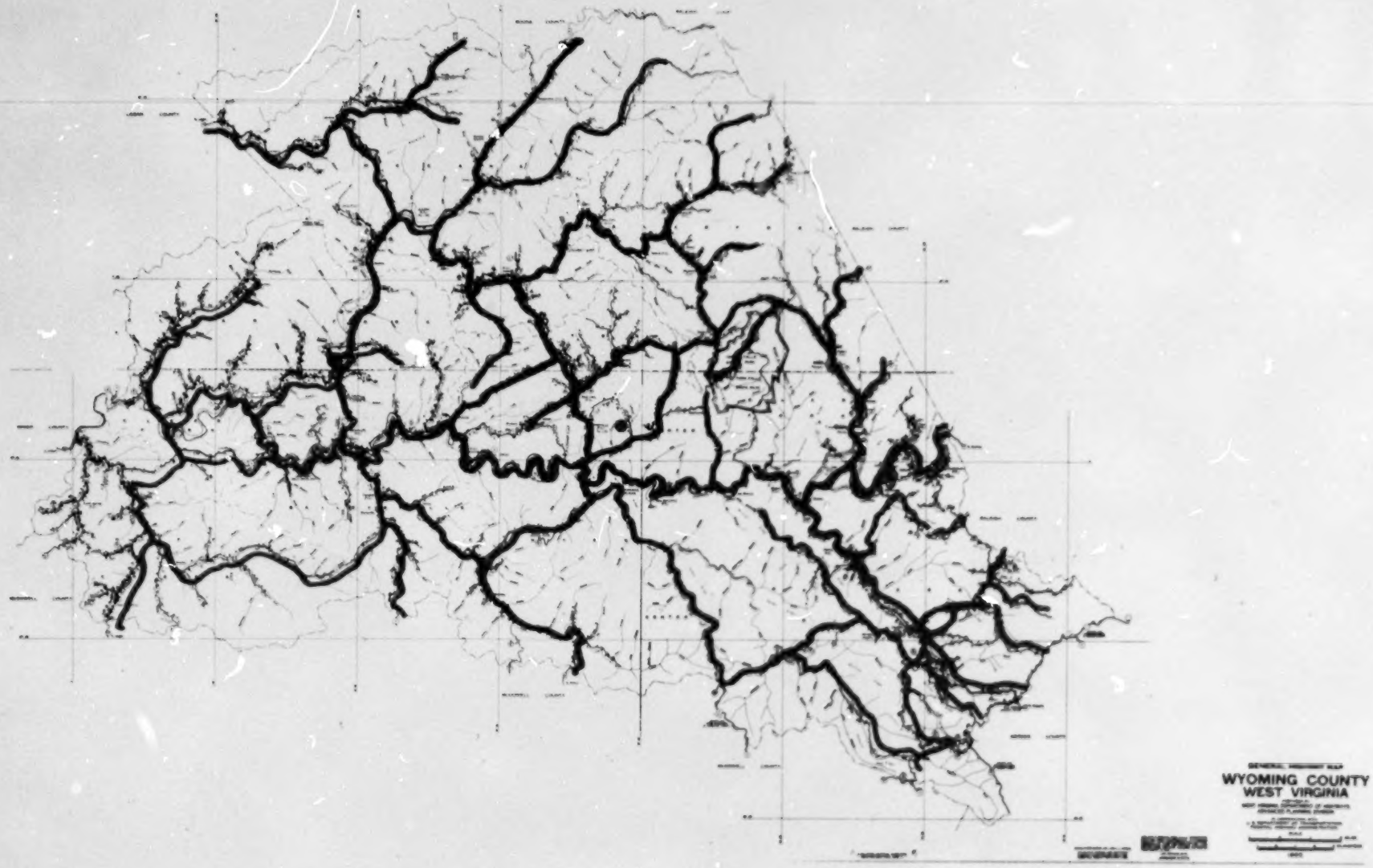
TYLER COUNTY
WEST VIRGINIA

1970


GENERAL HIGHWAY MAP
UPSHUR COUNTY
WEST VIRGINIA
RANDOLPH COUNTY


WOOD
COUNTY
JACKSON
COUNTY
ROANE
COUNTY
CALHOUN
COUNTY
RITCHIE
COUNTY
WOOD
COUNTY
RITCHIE
COUNTY
GENERAL HIGHWAY MAP
WIRT COUNTY
WEST VIRGINIA
PREPARED BY
WEST VIRGINIA DEPARTMENT OF HIGHWAYS
ADVANCED PLANNING DIVISION
IN COOPERATION WITH
U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION
SCALE
1968

GENERAL HIGHWAY MAP
WOOD COUNTY
WEST VIRGINIA


WYOMING COUNTY
WEST VIRGINIA

APPENDIX VI TRAINING RESOURCES

INTRODUCTION

The training of those people working with children is essential to the development of a quality day care program. West Virginia is fortunate in having many schools of higher learning (more per capita than any state in the union), other interested educational institutions, and various organizations independently involved in training individuals to work with children in a day care setting.

Therefore, this short study was devoted to listing key resources and people and making specific recommendations concerning the use of these resources.

PROCEDURE

Letters were sent to each college in West Virginia inquiring about present courses of study in day care and closely related fields, and plans for projected courses.

Information on vocational-technical schools and other programs under the guidance of the Board of Education was obtained to be used for consideration when implementing training programs.

Various on-going federally funded organizations were contacted (Child Development Resources, Incorporated, Appalachian Regional Education Laboratories, etc.) to assess other resources available.

Center directors and area office personnel were asked to name local resources within their community or area.

These resources are listed as they currently exist (Exhibits 1, 2, 3) with a number of alternative or expanded approaches recommended to increase availability of programs throughout the state.

Key people who are directly involved with any of the above are named, as well as those people working with organizations recommended as resources.

RECOMMENDATIONS

1. West Virginia should rely heavily on paraprofessional personnel for improving day care. From a time and money standpoint it is preferable and Family Learning Centers has found that paraprofessionals, when given an initial training program with continuing in-service, can be effective with children.

College training is not a practical solution to current day care problems. The cost is high and the results can not be noted for several years. When applied to improving day care it is agreed that the need is now and this immediate need can not be rectified by using only college trained personnel.

Colleges should, however, be used for enlarging expertise in early childhood throughout West Virginia. Encouragement and financial aid should be (when possible) extended to those colleges interested in developing programs of early childhood.

A list of schools presently offering degrees in early childhood education or courses in related fields is attached.

2. It is imperative that preceding the development of a paraprofessional training program the Department of Welfare, in conjunction with different agencies having a common interest in day care, should define specific objectives and goals for day care in West Virginia.

3. Development of a suitability criteria for selecting trainees is essential. Educational background should not be the first criteria, but the person selected should possess the personality

characteristics which are needed to be successful in working with young children. These characteristics should constitute the minimum qualifications. Other qualifications can be found in the Standards for Center Based and Non-Center Based Care.

4. The Department should take initiative in encouraging WIN toward training in day care. Mandatory referrals, in many cases, can be excellent trainees and may find day care more rewarding than being a waitress, for instance. This resource can alleviate a portion of the financial burden that would be placed on the Department of Welfare for training.

5. The Staff Training Department in the Department of Welfare should be utilized in the distribution of training materials. Public information and training films can be used to explain day care objectives, types of day care programs, and new ideas in day care.

6. It is strongly recommended that vocational-technical schools be encouraged to initiate day care training in their programs. This could be done from school to school as the need for training and interest in the course expand. This should be done as soon as possible, but not until the development of an optimal training program has evolved. Local expense can be minimized through the use of Federal Funds for Day Care Projects, 1972, pages 28-29.

DEPARTMENT OF HEALTH EDUCATION AND WELFARE (HEW)

Office of Education

VOCATIONAL EDUCATION IN HOME ECONOMICS

Authorization

Title I, part B, sections 121, 133, 134, 124 of Public Law 90-576, amendments to the Vocational Education Act of 1963.

Eligibility

Grants may be made to State boards for vocational education to maintain, extend, and improve existing programs and develop new programs of vocational education. The act provides for training in occupations involving knowledge and skills in home economics subjects on the high school, post-high school, and adult education.

Funds

Federal grant funds are available on a matching basis for the cost of eligible expenditures under the State plan.

Review

Annual projected local programs of activities are submitted to the State boards for vocational education for approval. State plans are submitted to the U. S. Office of Education. Final approval of State plans rests with the Commissioner of Education.

Success in an undertaking of this magnitude is dependent upon cooperative planning by the Board of Education and the Department of Welfare.

7. In developing additional programs in day care, both on the college level and the paraprofessional level, the department should examine the funding program. Federal Funds for Day Care Projects, 1972, page 13.

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE (HEW)

Social and Rehabilitation Service

Community Services Administration

CHILD WELFARE TRAINING PROJECTS

Authorization

Section 426 of title IV, part B, of the Social Security Act, as amended.

Eligibility

Grants may be made only to public or other non-profit institutions of higher learning for special projects to train personnel for work in the field of child welfare, including day care. The grants may be used for teaching grants, traineeships, or short term training activities.

Funds

Except for short term training activities, projects may be approved for a period up to 5 years when necessary to realize their objectives. Funds may not be used for construction or remodeling.

8. As soon as possible, a program for recruitment of college students engaged in studies relating to early childhood education should be initiated. Students could serve an internship in area offices, working with the social service worker most involved in the day care program.

Adoption of a program of this nature would make available to the Department students, who upon graduation, will hold a degree in child development and have practical experience.

EXHIBIT 1

COLLEGES OFFERING DEGREES OR COURSES

IN

CHILD DEVELOPMENT

The Alderson Broaddus College
Dr. Richard E. Shearer, President
Elementary Education with Early Childhood Specialization

Beckley College
Mr. John W. Saunders, President
Offers first 2 years leading to Early Childhood & Elementary Education

Concord College
Mr. Joseph F. Marsh, President
Early Childhood Program

Davis & Elkins College
Dr. Gordon E. Harmanson, President
Early Childhood Education & Elementary Education

Glenville State College
Dr. D. Banks Wilburn, President
Early Childhood & Elementary Education

Marshall University
Dr. John G. Barker, President
Early Childhood

Potomac State College
Dr. Harold C. Doster, Dean
Pre-school Teacher Program

Shepherd College
Dr. James A. Butcher, President
Pre-school Courses

West Virginia Wesleyan College
Dr. Stanley H. Martin, President
Early Childhood

EXHIBIT 2

Below is a list of current resources and key people within the state that were suggested by social workers, center directors and various organizations.

Doris Bradshaw
CAP
Beckley, West Virginia

Mrs. Kathie Brailer, Information Officer, Mr. Walters
Appalachian Educational Laboratory
Charleston, West Virginia

Ms. Margaret Campbell, Director
ECE Program
Marshall University
Huntington, West Virginia

Mr. Walter Chase, Director
Human Resources Association
Community Action Program
Fairmont, West Virginia

Ms. Norma Gray, Director
Regional Childhood Council (ARC)
Huntington, West Virginia

Mr. Larry Hamrick, Director
Regional ECE Demonstration Center
Wheeling, West Virginia

Ms. Joan McDonald
Child Development Resources, Inc.
Charleston, West Virginia

Anne McFarland, Director
Regional ECE Demonstration Center
Wheeling, West Virginia

Dean Glen Massey
Community College
Parkersburg, West Virginia

Dr. James Moore
Mrs. JoAnn Richards
Sheperd College
Sheperdstown, West Virginia

Ms. Garnett Pursinger
West Virginia Northern Community College
Wheeling, West Virginia

Mr. Jim Robinson
Beckley, West Virginia

Mrs. Joan Ross, Director
OEO - Southwestern Community Action
Parent-Child Center
724 Fourth Avenue
Huntington, West Virginia

Emily Schwab
Head Start Director
West Central West Virginia Community Action Assn., Inc.
P. O. Box 227
1019 Murdoch Avenue
Parkersburg, West Virginia 26101

Huntington Association for Children Under Six
Huntington, West Virginia

EXHIBIT 3

Below is a list of national organizations actively involved in child development.

American Association of Elementary-Kindergarten-Nursery Educators
NEA Center
1201 Sixteenth Street, N. W.
Washington, D. C.

American Medical Association
535 North Dearborn
Chicago, Illinois 60610

Association for Childhood Education International
3615 Wisconsin Avenue, N. W.
Washington, D. C. 20016

Bank Street College of Education
610 West 112th Street
New York, New York 10025

Child Study Association of America
Publications Department
9 East 89th Street
New York, New York 10028

Federation of Protestant Welfare Agencies, Inc.
281 Park Avenue South
New York, New York 10010

Food & Nutrition Service
U. S. Dept. of Agriculture
Appraisers Building - Room 734
630 Sansome Street
San Francisco, California 94111

National Association for the Education of Young Children
1834 Connecticut Avenue, N. W.
Washington, D. C. 20009

Project Head Start
Office of Child Development
U. S. Department of Health, Education & Welfare
Washington, D. C. 20201

The Michie Company
Charlottesville, Virginia

Superintendent of Documents
U. S. Government Printing Office
Washington, D. C. 20402

APPENDIX VII. ELIGIBILITY PROCESSES

INTRODUCTION

The following is a recommended in-take process and payment process. Both processes have been designed to reduce paper work, save time, fit the requirements of the Department, and conform to the proposed types of day care recommended in this study: Family Group Care, Center-based care, and In-home care.

In-Take Process

1. Client applies and eligibility is checked. If client is approved, the forms are signed: FC-2A, FC-2B, revised. Exhibit 1.
2. The social worker should then describe the three types of day care (might be helpful if a pamphlet with this information was available), and explains advantages of each; center, family group and in-home.
3. Selects with parent the type care that can best fit the need:
   a. Transportation wise
   b. Culturally (should the child be placed in an environment different than home)
   c. Does the child need special education
4. Medical form, FC-3B, is given to the client. Social worker should determine if help is needed in obtaining the medical exam.
5. If the client has someone in mind to provide care, explain the minimum standards. Meet the "potential provider" and see if she could qualify.
6. Selects providers that would fit the client's needs. Make appointments with them (3 is sufficient). Take client to meet them.
7. Go back to the office and discuss the alternatives. Mothers should feel comfortable with whomever is selected. This is important!

8. Mother selects and fills out bottom portion of FC-2B, revised.

9. Vendor completes form FC-6C, revised. Exhibit 2 (FC-5A is unnecessary if new standards are adopted).

Payment Process

1. FC-10A is mailed to Area Welfare office by each vendor at the end of the month.
2. Form FC-10A is given to a clerical worker to check. Social service worker should give her any changes that are necessary, i.e., change of address, date services stopped. Clerical worker signs after checking and sends to terminal operator.
3. Terminal operator transmits information to computer.
4. Computer writes check and it is mailed to vendor. A register of the check amounts is mailed to the area office.
5. A different clerical worker checks register against copy of FC-10A forms for errors. If there is a discrepancy, a correction sheet is filled out to be attached and corrected on the FC-10A the following month.

This process is illustrated in Exhibit 3.

EXHIBIT 1

WEST VIRGINIA DEPARTMENT OF WELFARE

Request for Day Care Services

I. Name of Family_____ County_____ Phone No._____

Father's Name_____ Mother's Name_____

Mailing Address_____

II. Members of Household

Please list the names and ages of all persons living in your home.

Name	Ages	Needs Full Day Care	Hours	Needs before & After School Day Care

If your children are now receiving Day Care Service, please list their names and the location of the day care facility below:

_____

_____

_____

_____

_____

III. Monthly Income

A. Net monthly salary or wages _____

B. Any other monthly income (Social Security, VA benefits, support payments) _____

C. Any other income not reported in A and B above (give source) _____

IV. Why do your children need day care (Check any of the following that fits your situation)

____ I am working and need someone to care for my children.

____ I am in training or school or plan to enter.

____ I am ill or my husband/wife is ill and I need someone to care for my children.

____ My child is handicapped and needs special help.

____ Other - Please explain _____

_____

_____

FC-2B

Revised 3/73

V. I need transportation for my child to and from day care. Yes____ No_____

VI Type of Care desired (Center care, Family Group, In-Home)
(Please circle one of the above)

The above information is accurate to the best of my knowledge.

Signed:_____

Return to_____Department of Welfare

_____
Address

_____

Upon selection of vender, please fill out portion below this line.

_____

Date:_____

Section 1

(I) _____, the father, mother, parents, of _____ do authorize the _____ Department of Welfare to accept (him) (her) for Child Care Service and understand they will pay 100% of the cost to the Day Care Provider and expressly release and discharge the Department, its workers, caretaker and others acting in its behalf from any and all claims, demands, liability and whatsoever damage involved in connection with the care, treatment, and transportation of this child.

Section II
(I) (We) also agree to abide by all regulations governing the Child Care Program of the _____County Department of Welfare and to notify the Department immediately if there is any change of address or income, or other circumstances.

_____
Witness

_____
Signature of father, mother, parents, or guardian.

_____
Witness

_____
Address of Signee

Signed:_____
Service Worker

EXHIBIT 2

WEST VIRGINIA DEPARTMENT OF WELFARE
CONTRACT WITH DAY CARE VENDOR

Vendor's Name: _____

Vendor's Address: _____

_____

_____ has been found eligible for Day Care Service.
(client's name)

The Department will pay 100% of the cost of care for the following children at the daily rates indicated.

Child's Name	Part-Day Rate	Full-Day Rate	Effective Date

Please bill the Department on the last day of each month for days of care provided at these rates over Form FC-10-A. A supply of forms and instructions are enclosed for your use.

Day Care Standards established by the Department of Welfare have been explained to me and I agree to abide by these standards.

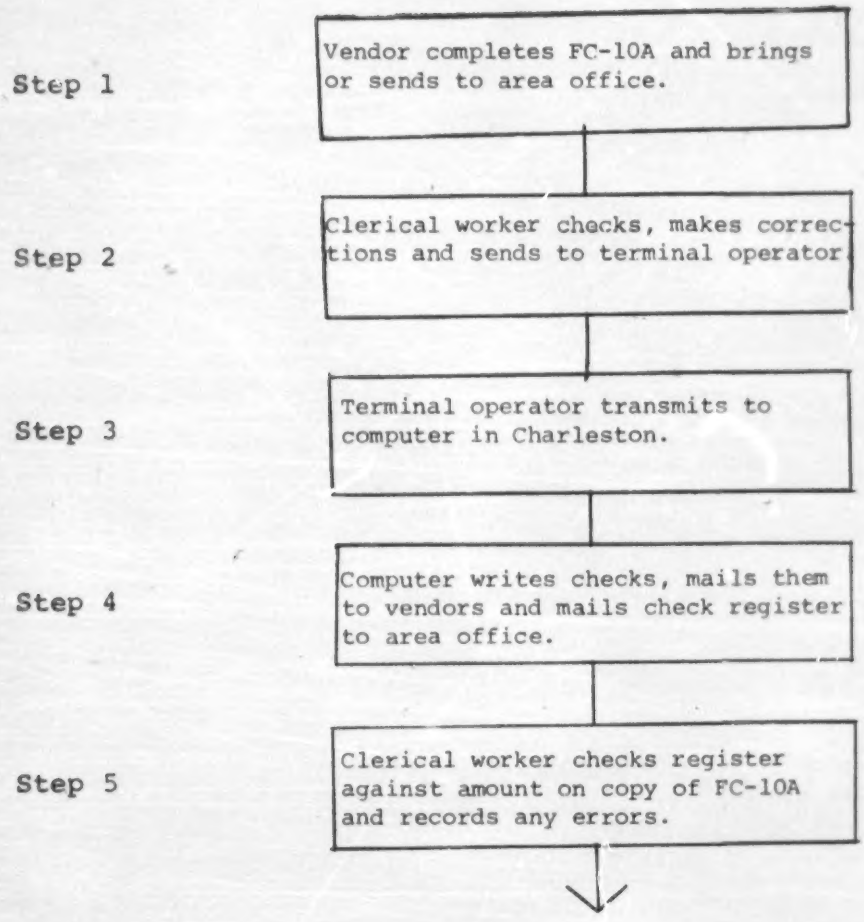
Date: _____ Signature: _____
(In-Home Caretaker, Mother, Center Director)
Family Group Caretaker

Return Copy to: _____

FC-6C
Revised 3/73

EXHIBIT 3

Steps in Payment Process


Step 1
Vendor completes FC-10A and brings or sends to area office.
Step 2
Clerical worker checks, makes corrections and sends to terminal operator.
Step 3
Terminal operator transmits to computer in Charleston.
Step 4
Computer writes checks, mails them to vendors and mails check register to area office.
Step 5
Clerical worker checks register against amount on copy of FC-10A and records any errors.